

Student Name: ______ CSI ID#: _____

]	REQUEST TO CHANGE MAJOR
	MAJOR TO CHANGE:
N	IEW MAJOR:(BE specific: e.g. Hospitality AAS) AA, AS, AAS, BTC, ITC
	CONCENTRATION: (If applicable)
Office of the Registrar request to change catalog year	
	Requested Catalog Year:
Student Signature: Date:	
Student Success Advisor/Program Advisor:	
For office staff use only.	
Processo	ed by: Date:
Notes/Comments:	

Enrollment Services: Taylor Building – Eagle Central

records@csi.edu

208.732.6795

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