



Undergraduate Change of Major /Minor/ Advisor

Student Resource Center, Holy Names University • 3500 Mountain Blvd., Oakland, CA 94619

<i>Majors</i>
Biological Sciences (BA) <i>BIOA</i>
Biological Sciences (BS) <i>BIOS</i>
Business (BA) <i>BMCM</i> -Business Communication
Business (BA) <i>BMAN</i> -Management
Business (BA) <i>BMAR</i> -Marketing
Business (BA) <i>BINT</i> -International Business
Criminology (BA) <i>CRIM</i>
English (BA) <i>ENGL</i>
History (BA) <i>HIST</i>
Human Services (BA) <i>HMSV</i>
Humanities (BA) <i>HUMA</i>
Humanities (BA) <i>HUME</i> -English
Humanities (BA) <i>HUMH</i> -History
Humanities (BA) <i>HUMI</i> -Philosophy
International Relations (BA) <i>INTR</i>
Liberal Studies (BA) <i>LSBT</i>
Music (BA) <i>MUSA</i>
Music (BM) <i>MUSI</i>
Nursing (BSN) <i>NBSN</i> -RN to BSN Program
* Nursing (BSN) <i>UNUR</i> -HNU/SMC Generic Program
Philosophy (BA) <i>PHIL</i>
Psychobiology (BA) <i>PBIO</i>
Psychobiology (BS) <i>PBIS</i>
Psychology (BA) <i>PSYC</i>
Religious Studies (BA) <i>RLST</i>
Sociology (BA) <i>SOCI</i>
Spanish Studies (BA) <i>SPST</i>
Related Fields (<i>Req. course list</i>)
Self Design (<i>Design with faculty</i>)

ID/Social Security ■■■-■■■-□□□□

Please Print

Last Name _____

First Name _____

MI _____

Majors:

I wish to change my **major(s)**
from _____

to _____
Primary major with concentration (if applicable)

_____ **to** _____
Secondary major with concentration (if applicable)

Major Advisor:

- You may assign me an advisor
 I wish to request the following advisor

* Requires Signature from Nursing Department

upd 7/2007

Signature _____ Date _____