SAN JOSÉ STATE UNIVERSITY NUTRITION, FOOD SCIENCE AND PACKAGING REQUEST FOR AN ADDITION/CHANGE OF MAJOR OR MINOR FORM

INSTRUCTIONS

- 1. Please type directly into each field.
- 2. Check the box that applies to you.

DEPT. CHAIR'S NAME/SIGNATURE/DATE

- 3. Submit this form along with the following required documentation below to nutrition@sjsu.edu
 - A brief personal statement on how the change/addition of major or minor will affect your graduation
 - > Submit "Unofficial SJSU Transcript", (not "Grades" option version) including "SJSU cum" column and most recent semester's grades
 - > If transfer student, submit unofficial transcripts from all previous colleges

IMPORTANT: Newly admitted students may not apply for a change of major until the first day of instruction. The requirement term identifies the catalog year for your major requirements at San José State University.

, ,	·	•	
CHECK BOX THAT AF	PPLIES TO YOU		
☐ Change of ☐ New Mino	f Major for less than 90 units f Major for 90 or more units r I Minor or Major		
SJSU ID	LAST NAME	FIRST NAME	MIDDLE
CONTACT INFORMAT	TION: PHONE #	E-MAIL ADDRESS	
CURRENT MAJOR/CO	ONCENTRATION	CURRENT MINOF	R
TOTAL EARNED UNIT	SPROPOSEI	D GRADUATION TERM/YEAR	
PLEASE CHECK THE		OR OR MINOR: ELOW. THE DEPARTMENT OFFICE WILL UR MAJOR ADVISOR, DEPARTMENT CHA	
	for 90 or more units) FOR APPR		iik, AND AGGGIATE DEAN
CHECK BOX THAT AF	PPLIES TO YOU		
□ NEW MAJOR	MAJOR ADVISOR'S PRINTE	D NAME/SIGNATURE/DATE	
□ NEW MINOR	MAJOR ADVISOR'S PRINTE	D NAME/SIGNATURE/DATE	
□ ADDITIONAL MAJOR	MAJOR ADVISOR'S PRINTE	D NAME/SIGNATURE/DATE	
☐ ADDITIONAL MINOR	MAJOR ADVISOR'S PRINTE	D NAME/SIGNATURE/DATE	

COLLEGE ASSOCIATE DEAN'S NAME/SIGNATURE/DATE (Signature required for Change of Major for 90 or More units)