



LOUISIANA DELTA
COMMUNITY COLLEGE

CHANGE OF MAJOR

Please submit signed form to Enrollment Services.

NAME: _____ STUDENT ID: _____

PHONE NUMBER: _____ EMAIL: _____

CURRENT MAJOR:

NEW MAJOR:

EFFECTIVE TERM:

CAMPUS OF NEW MAJOR:

I understand that by signing this form, I am giving Louisiana Delta Community College permission to officially change my major and catalog term as I have indicated on the list.

STUDENT SIGNATURE: _____ DATE: _____

ADVISOR SIGNATURE (INTENDED MAJOR): _____ DATE: _____

ENROLLMENT SERVICES: _____ PROGRAM CODE: _____ DATE: _____

Major change forms submitted after the Census Date for the current term (14 class days in a regular semester or 7 days in the summer) will be effective the next consecutive term.