

**CHANGE OF MAJOR**

Date: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Term that change should take effect: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Major: \_\_\_\_\_

**ADD** Major: \_\_\_\_\_

**OR**

**CHANGE** Major to: \_\_\_\_\_

Signature: \_\_\_\_\_

Riverland is asking you to provide information that includes private and/or confidential information under state and federal law. Riverland is asking for this information in order to process this form. You are not legally required to provide the information we are requesting; however, the college may not be able to effectively process this form without it.

Please return this form to: Attn: Debbie Sauke  
Riverland Community College  
1900 8<sup>th</sup> Ave NW  
Austin, MN 55912  
Ph: 507-433-0811 / Fax: 507-433-0515

Office Use Only: Date received: \_\_\_\_\_ Initials : \_\_\_\_\_

7/2011