

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 8th Ave NW
Austin MN 55912
Ph: 507-433-0811 / Fax: 507-433-0515