UNIVERSITY OF NORTH CAROLINA SCHOOL OF THE ARTS

CHANGE OF SCHOOL AND/OR MAJOR

I, _________________________, ____________________________  
(Name of Student) (Student ID Number.)

hereby request permission to change my school/major from  

_________________________________ to __________________________________  

This change is to take effect as of ____________________________  
(Date)

___________________________________   ____________________  
(Student’s Signature)   (Date)

Approval

Note: Both Deans involved in a School change must sign below before a change will be processed officially. For a change of major, the Dean need only sign once. When complete, this form should be returned to the Office of the Registrar.

______________________________________  ___________________________  
(Signature of Dean of Present School)                         (Date)

_________________________________________  ______________________________  
(Signature of Dean of School to which student changing) (Date)