

**Request for an Addition/ Change of Major  
or Minor, Change of Major to Undeclared  
for Students with fewer than 90 Units**

Office of the Registrar, One Washington Square, San Jose, CA 95192-0009  
[www.sjsu.edu/registrar](http://www.sjsu.edu/registrar)

**Instructions**

1. Type directly into each field.
2. Obtain all the signatures required for the section that applies to you.
3. Submit via DocuSign by using your SJSU email address (preferred), or drop the form in Dropbox by SSC entrance, or mail to our address above.

**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 Jose State University.

SJSU ID  Last name  First  Middle

**Contact Information:**

Phone#  E-mail Address

**Type of Degree Requested** e.g. BS, BA, BFA, please specify:

Current Major/Concentration:  Current Minor:

Is this a Special Session Degree Program or a Regular Session Degree Program (must check one)?  Regular session  Special session

Copy of unofficial transcript printed from MySJSU

Earned Units (UE) from 2 year institution (If this number is 70 or above, please put 70)  
 Earned Units (UE) from 4 year institution (other than SJSU)  
 Earned Units (UE) from AP/IB scores, military credit, etc.  
 Earned Units (UE) at SJSU  
 TOTAL EARNED UNITS

For **approval** of your new or added Major/Minor, the following signature(s) is/ are required from your **new** Major/ Minor Department(s).

**Check box (es) that apply to you:**

<input type="checkbox"/> New Major & Requirement Term: _____	_____
	Major Advisor's or Chairperson's Printed Name/Signature/Date
<input type="checkbox"/> Additional Major (Double Major) & Requirement Term: _____	_____
	Major Advisor's or Chairperson's Printed Name/Signature/Date
<input type="checkbox"/> New Minor & Requirement term: _____	_____
	Minor Advisor's or Chairperson's Printed Name/Signature/Date
<input type="checkbox"/> Additional Minor (Double Minor) & Requirement Term: _____	_____
	Minor Advisor's or Chairperson's Printed Name/Signature/Date

Change of Major to Undeclared:  
The following 2 signatures are required

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AARS Academic Advisor's Printed Name/ Signature/ Date	Director of AARS or Designee/ Printed Name/ Signature/ Date		

**For Office Use Only:**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_  
Date Processed: \_\_\_\_\_ By: \_\_\_\_\_

Major Minor less than90\_04-28-21