



Al Maaref University Change Major Form

TO BE COMPLETED BY THE STUDENT

Name: _____
First
Middle
Last

Student's ID : _____ Phone No. : _____

Current Major: _____ Current Faculty: _____

New Major : _____ New Faculty: _____

Reason: _____

Academic Semester: ___ Fall; ___ Spring; ___ Summer; Academic Year: _____

Change of major from Faculty to another different Faculty: (Student has the right to eliminate two failing courses):

1. Course Code: _____ New Code: CM

2. Course Code: _____ New Code: CM

Student's signature: _____ Date: _____

TO BE COMPLETED BY DIRECTORATE OF STUDENT AFFAIRS

Completed Placement Tests:

1. _____
2. _____
3. _____

Attachments:

1. _____
2. _____
3. _____

Required Placement tests:

1. _____
2. _____
3. _____

Registrar's Signature:

Date: _____
 Day Month Year

SAO Director's Signature:

Date: _____
 Day Month Year

TO BE COMPLETED BY CURRENT FACULTY

Current advisor's opinion: _____

Signature: _____ Date: _____

TO BE COMPLETED BY THE NEW FACULTY

| No. | Code for Current Course | Code for Equivalent Course | No. | Code for Current Course | Code for Equivalent Course |
|-----|-------------------------|----------------------------|-----|-------------------------|----------------------------|
| 1 | | | 6 | | |
| 2 | | | 7 | | |
| 3 | | | 8 | | |
| 4 | | | 9 | | |
| 5 | | | 10 | | |

Dean's Signature: _____ Date: _____

Notes: