

HONOLULU COMMUNITY COLLEGE
CHANGE OF MAJOR

ENTERING STUDENTS: New, returning, and transfer students must contact the Academic Counseling Office before registration.

ENROLLED STUDENTS: Enrolled students may submit a change of major anytime during the year for future terms. To be in effect for early registration, the Records Office must receive the change **no later than April 1st for Summer or Fall early registration or November 1st for Spring early registration.**

PLEASE FILL OUT THIS SECTION COMPLETELY

STUDENT TYPE (check one): ☐ Enrolled/Continuing Student ☐ New Freshman/First-Time Student ☐ Other

Name: _____
Print Last Name, First Name, Middle Initial(s)

Student ID/UH Username: _____

Current Major: _____

Are you of F-1 or M-1 Student Visa Status: ☐ No ☐ Yes, F-1 or M-1 Visa/foreign students must meet with the Registrar (PDSO)
Are you receiving Financial Aid? ☐ No ☐ Yes, please notify FA Office of change
Are you receiving Veterans' Benefits? ☐ No ☐ Yes

EFFECTIVE TERM: ☐ Fall ☐ Spring ☐ Summer Year: 20 _____

To view program information, visit us online at www.honolulu.hawaii.edu/programs

NEW MAJOR (check one):

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> ABRP | Attach a copy of your respirator clearance | |
| <input type="checkbox"/> AEC | Select focus: | <input type="checkbox"/> Architectural Tech. <input type="checkbox"/> Construction Management |
| <input type="checkbox"/> AERO | | |
| <input type="checkbox"/> AJ | | |
| <input type="checkbox"/> AMT | Attach a copy of your valid driver's license | |
| <input type="checkbox"/> APTR | Attach proof of enrollment or completion of Federal or State of Hawaii apprenticeship program | |
| <input type="checkbox"/> CA | | |
| <input type="checkbox"/> CARP | | |
| <input type="checkbox"/> COSM | Attach a copy of your High School Diploma or GED | |
| <input type="checkbox"/> CSNT | | |
| <input type="checkbox"/> DISL | | |
| <input type="checkbox"/> ECED | Select a concentration: | <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool |
| <input type="checkbox"/> EIMT | | |
| <input type="checkbox"/> FIRE | | |
| <input type="checkbox"/> FT | | |
| <input type="checkbox"/> HSER | | |
| <input type="checkbox"/> HWST | Select a concentration: | <input type="checkbox"/> Ho'okele <input type="checkbox"/> 'Ōlelo Hawai'i |
| <input type="checkbox"/> LBRT | | |
| <input type="checkbox"/> LBRT-EXP* | <input type="checkbox"/> Exploratory-Business* <input type="checkbox"/> Exploratory-Health Sciences* <input type="checkbox"/> Exploratory-Social Sciences* | |
| <input type="checkbox"/> MELE | Select a concentration: | <input type="checkbox"/> Audio Engineering <input type="checkbox"/> Music Business and Production |
| <input type="checkbox"/> NS | Select a concentration: | <input type="checkbox"/> Biological Science <input type="checkbox"/> Engineering <input type="checkbox"/> Physical Science |
| <input type="checkbox"/> OESM | | |
| <input type="checkbox"/> RAC | | |
| <input type="checkbox"/> SMP | | |
| <input type="checkbox"/> WELD | | |
| <input type="checkbox"/> Other: | _____ | |

DEGREE TYPE (check one):

☐ AA (LRBT and HWST only) ☐ AS ☐ AAS ☐ CA ☐ OTHER: _____

Student's Signature _____

Date: _____

Counselor's Signature _____

Date: _____

Re-Evaluate Transcripts ☐ Yes ☐ No

----- ADMISSIONS AND RECORDS OFFICE USE ONLY -----

Circulate: VA _____ FA _____

Processed by: _____ on _____