

Request to Change Major

Registrar's Office
PO Box 1238
Twin Falls, ID 83303-1238
Phone: 208-732-6795
Email: records@csi.edu

TEMPORARILY, Students must declare their intent to change major using this form. Please note that the change will not take place immediately.

Date: _____

Student Name: _____ CSI ID#: _____

Request to change major from: _____

TO NEW MAJOR: _____
(BE specific: e.g. Hospitality AAS) AA, AS, AAS, BTC, ITC

CONCENTRATION: (If applicable) _____

Student Signature: _____

Registrar's Office Use Only

Processed by: _____

Date: _____