

COLLEGE OF SCIENCE
CHANGE OF SECONDARY MAJOR/MINOR/OPTION FORM



If you are seeking to change your primary major, that process is completed in [HokieSpa](#) > **Change of Major Application (Undergraduate)** by the University [designated change of major deadlines](#). (https://www.registrar.vt.edu/dates-deadlines/Change_of_Major_Dates.html)

The Request to Change of Secondary Major, Minor, or Option Form must be signed by an **academic advisor in the department you are requesting to change**.

[Visit the departmental websites](#) to learn how to submit the form to obtain a signature from an academic advisor based on major, option, or minor. (<https://tinyurl.com/363r86ab>).

Last Name _____ Student ID _____ VT Email _____
Current Primary Major _____ Phone _____
Current Secondary Major (if applicable) _____

REQUEST TO ADD OR DROP A MINOR IN THE COLLEGE OF SCIENCE

I request to add the minor below in the College of Science	I request to drop the minor below in the College of Science		
<input type="text"/>	<input type="text"/>		
_____	_____		
DEPARTMENTAL SIGNATURE	DATE	DEPARTMENTAL SIGNATURE	DATE

REQUEST TO ADD OR DROP AN OPTION IN THE COLLEGE OF SCIENCE

I request to add the option below in the College of Science	I request to drop the option below in the College of Science		
<input type="text"/>	<input type="text"/>		
_____	_____		
DEPARTMENTAL SIGNATURE	DATE	DEPARTMENTAL SIGNATURE	DATE

REQUEST TO ADD OR DROP A SECOND MAJOR IN THE COLLEGE OF SCIENCE

I request to add the secondary major below	I request to drop the secondary major below		
<input type="text"/>	<input type="text"/>		
_____	_____		
DEPARTMENTAL SIGNATURE	DATE	DEPARTMENTAL SIGNATURE	DATE

REQUEST TO FLIP PRIMARY AND SECONDARY MAJORS

(EX: Your primary major is biological sciences: biomedical and your secondary major is statistics, but you would like to switch statistics to your primary major and biological sciences: biomedical to your secondary major)

I request to have my primary major changed from to

I request to have my primary major changed from to

NEW DEPARTMENT'S SIGNATURE

DATE

I authorize the College of Science to process the changes as indicated on this form as approved by the academic dean/departmental representative.

STUDENT SIGNATURE

DATE