



Mount Ida College

Petition for Change of Major and/or Faculty Advisor

Office of the Registrar, 777 Dedham Street, Newton, MA 02459
phone: 617-928-4503 ~ fax: 617-928-4728 ~ registrar@mountida.edu

Name: _____ ID #: _____
Street Address _____ Phone #: _____
City, State, Zip: _____ Email: _____

I wish to change my [] Major [] Faculty Advisor

Change of Major:

To be eligible for a program change, students must meet the entrance and/or academic progression standards for the requested program. As an NCAA Division III institution, Mount Ida does not allow program changes that involve a change in the athlete's degree level from baccalaureate to associate after the start of his or her first semester.

Current major: _____ [] Associate [] Bachelor
Requested major: _____ [] Associate [] Bachelor

Reason for change of major: _____

Change of Faculty Advisor:

Current Faculty Advisor: _____
Requested Faculty Advisor: _____

Reason for change of Faculty Advisor: _____

Required signatures for approval:

Student: _____ Date: _____
Dir., International Student Affairs: _____ Date: _____
(For International Students)
Program Director: _____ Date: _____
Assoc. V. P. for Academic Affairs: _____ Date: _____

Copies: Student, Faculty Advisors (former and requested), School Date
Directors (from previous major and requested change), Processed: _____ Initials: _____
Program Director (new)