JACKSON STATE COMMUNIITY COLLEGE

CHANGE OF MAJOR FORM

2046 North Parkway
Jackson, TN 38301-3797
Fax (731) 425-2653 Phone (731) 425-2654

Name: _____CWID/SS#: _____
Last First Middle

Address: _____
Street City State Zip

Clearly indicate the major of your choice:

College/University Transfer

- ☐ Accounting
- ☐ Agriculture
- ☐ Art
- ☐ Biology
- ☐ Business Administration
- ☐ Chemistry
- ☐ Communications
- ☐ Criminal Justice
- ☐ Education[1]
- ☐ English
- ☐ General Studies
- ☐ Health & Physical Education
- ☐ History
- ☐ Information Systems
- ☐ Mathematics
- ☐ Philosophy
- ☐ Physical Science
- ☐ Political Science
- ☐ Pre-Engineering
- ☐ Pre-Law
- ☐ Pre-Medical Professions
- ☐ Pre-Nursing (BSN)
- ☐ Psychology
- ☐ Public Administration
- ☐ Social Work
- ☐ Sociology
- ☐ Teaching[1]

Regents Online Degree Program

- ☐ General Studies

Professional & Technical Programs

Business & Management Tech

- ☐ Administrative Office Management
- ☐ Business Management

Computer Information Systems

- ☐ Cisco CCNA[2]
- ☐ Information Assurance[2]
- ☐ Network Administration
- ☐ PC Support & Help Desk[2]
- ☐ Software Developer[2]

- ☐ **Early Childhood Education**
- ☐ **General Technology[3]**

Industrial Technology

- ☐ Applied Manufacturing
- ☐ Electromechanical
- ☐ Quality Sciences

- ☐ **Pre-Medical Lab Technician**
- ☐ **Pre-Nursing (RN)**
- ☐ **Pre-Nursing (LPN to RN)**
- ☐ **Pre-Physical Therapist Assistant**
- ☐ **Pre-Radiography**
- ☐ **Pre-Respiratory Care Technology**

Regents Online Degree Program

- ☐ Information Technology

P & T Certificates

- ☐ Basic EMT
- ☐ Home Manager
- ☐ Public Library[2]

- ☐ **Nondegree Seeking**

[1] ***See Articulation Agreements***

[2] ***Pending Board Approval June 2007***

[3] ***Program Approval Needed***

I understand the change of major process cannot be completed unless or until I have met all additional requirements deemed necessary by the Jackson State Community College catalog.

Student's Signature is Required: _____ _____
Student's signature Date

Advisor's Signature is Required: _____ _____
Advisor's signature Date

Revised 04/25/07