JACKSON STATE COMMUNITY COLLEGE
CHANGE OF MAJOR FORM
2046 North Parkway
Jackson, TN  38301-3797
Fax (731) 425-2653 Phone (731) 425-2654

Name:______________________________________________________ J#/SS#:_______________
Date of Birth:_____________Phone #:__________________
Catalog Year:______________
m/d/yyyy  *Required*

Clearly indicate the major of your choice:

University Transfer Pathways - Associate of Arts
- Art
- English
- Foreign Language

University Transfer Pathways - Associate of Science
- Accounting
- Agriculture - Business
- Agriculture - Animal Science
- Agriculture - Plant & Soil Science
- Biology
- Business Administration
- Chemistry
- Information Systems
- Mathematics
- Physics
- Pre-Health Professions
- Associate of Science in Teaching

University Transfer Pathways - Associate of Arts or Science
- Criminal Justice
- Economics
- General Studies
- History
- Mass Communication
- Political Science
- Psychology
- Social Work
- Sociology

Professional/Tech AAS areas
- Business Studies - Adm Office Management
- Business Studies - Business
- CIS - Cisco CCNA Concentration
- CIS - Information Assurance
- CIS - Network Administration
- CIS - PC Support & Help Desk
- CIS - Software Developer
- General Technology
- IT - Applied Manufacturing
- IT - Multi Skilled Maint Tech
- Medical Laboratory Technician
- Nursing
- Nursing LPN Career Mobility Track
- Physical Therapist Assistant
- Radiography
- Respiratory Care Technology

Technical Certificates of Credit
- EMT - Basic Emergency Medical Technician
- EMT - Paramedic
- Phlebotomy

Non-Degree Seeking

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:_____________________________ Date:__________________

Revised 06/19/12