



**THE UNIVERSITY OF THE WEST INDIES  
CAVE HILL CAMPUS**

**FACULTY OF SCIENCE AND TECHNOLOGY**

**CHANGE OF MAJOR 20..../20....**

- 1. **SURNAME:** \_\_\_\_\_
- 2. **OTHER NAMES:** \_\_\_\_\_
- 3. **STUDENT I.D. NO.:** \_\_\_\_\_
- 4. Level I  Level II  Level III
- 5. **Telephone:** (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ **Email:** \_\_\_\_\_
- 6. **Address (Local):** \_\_\_\_\_ **Home Address** (For overseas students):  
 \_\_\_\_\_  
 \_\_\_\_\_
- 7. **Current Major: B.Sc.** \_\_\_\_\_
- 8. **State desired Major: B.Sc.** \_\_\_\_\_
- 9. **Briefly state reason for Change of Option:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature:** .....

**Date:** .....

*Please return completed form to the Faculty Office, Faculty of Science and Technology. This form is for use by the Faculty of Science and Technology students only.*

<b>OFFICIAL USE – DEAN’S OFFICE</b>	
<b>Comments</b> _____	
<b>Change Approved</b> <input type="checkbox"/>	<b>Change Not Approved</b> <input type="checkbox"/>
..... <b>Signature</b> (Dean, Faculty of Science and Technology) <b>Date:</b> 20__ / __ / __	