



**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.

OFFICIAL USE – DEAN’S OFFICE	
Comments _____	
Change Approved []	Change Not Approved []
..... Signature (Dean, Faculty of Science and Technology) Date: 20 __ / __ /	