



# GAAWAABAABIGANIKAAG GABEGIKENDAASOWIGAMIG WHITE EARTH TRIBAL & COMMUNITY COLLEGE

## DEGREE/MAJOR CHANGE FORM

Complete this form **ONLY** if you are an *admitted* student.

Term	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	20__	Student ID#	
Last Name		First Name		Middle Initial		
Email				Date		
Advisor				Phone		

Current Major	
New Major	

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar signature

\_\_\_\_\_  
Date