

**Admissions Office**  
 P: 603-230-4011  
 F: 603-230-9314  
[NHTIadmissions@ccsnh.edu](mailto:NHTIadmissions@ccsnh.edu)

**Registrar's Office**  
 P: 603-230-4014  
 F: 603-230-9314  
[NHTIregistrar@ccsnh.edu](mailto:NHTIregistrar@ccsnh.edu)

## New Student Change of Mind Form

Student Name _____	Student ID _____
Address _____	Phone _____
City/State/ZIP _____	Email _____

I request to CHANGE MY MAJOR for the following semester:

Fall                     
  Spring                     
  Summer                     
 Year \_\_\_\_\_

Current Program Major \_\_\_\_\_  Degree  Certificate

New Program Major \_\_\_\_\_  Degree  Certificate

I understand that:

1. Neither the request for a change of major nor the submission of this form guarantees acceptance into a different program.
2. The decision and notification of the decision will be made by the Admissions Office.

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

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Admissions signature \_\_\_\_\_ Date \_\_\_\_\_

Date posted in Banner \_\_\_\_\_ Letter sent \_\_\_\_\_ Folder changed \_\_\_\_\_

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

Updated 07-22