



THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS

FACULTY OF PURE AND APPLIED SCIENCES

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) _____ (W) _____ 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 Pure and Applied Sciences. This form is for use by the Faculty of Pure and Applied students only.

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Comments _____	
Change Approved <input type="checkbox"/>	Change Not Approved <input type="checkbox"/>
..... Signature (Dean, Faculty of Pure and Applied Sciences) Date: 20__/ /	