

**NASHUA COMMUNITY COLLEGE**  
OFFICE OF THE REGISTRAR  
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**OFFICE USE ONLY**

Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_

**CHANGE OF MAJOR FORM**

\_\_\_\_\_  
NAME (Please print clearly)

A \_\_\_\_\_  
STUDENT ID #

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
PERSONAL EMAIL ADDRESS

\_\_\_\_ Check here if this is a change in address, phone, or email.

**EFFECTIVE TERM:** Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

**I UNDERSTAND THAT:**

- \_\_\_ I must meet with my Academic Advisor and secure his/her signature below.
- \_\_\_ Placement testing may be required
- \_\_\_ Some courses previously taken may not apply to my new program, and it may extend my enrollment period.
- \_\_\_ **I may not be Financial Aid eligible because of maximum timeframe constraints or because of programs not eligible for Financial Aid (see list in Financial Aid Office).**