

# MANCHESTER COMMUNITY COLLEGE

## CHANGE or DUAL MAJOR REQUEST FORM

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have transcripts from a previous college/s:  Yes

No

### EFFECTIVE DATE POLICY FOR CHANGE OR DUAL MAJOR

If a change or dual major is requested within the defined timeframe for 'dropping a course' within a semester, the change of major will take effect for the current semester. Any requests after that date, will take effect in the next academic semester, including summer.

Check the box that applies:  I request a change of major

I request a dual major:

Current Major: \_\_\_\_\_

Degree

Certificate

New or Dual Major: \_\_\_\_\_

Degree

Certificate

By signing below, I understand that:

- Completing and submitting this request does not guarantee or imply acceptance into that program.
- Courses previously taken at or transferred may not transfer to my new program.
- Financial aid eligibility and VA Education Benefits may change based on my new program and it is my responsibility to follow up with the appropriate office regarding how a change in enrollment status may impact my aid and/or benefits.

Please have the **Advisor for the DESIRED PROGRAM** sign on the signature line. The advisor list can be found at: <https://www.mccnh.edu/academics/advisors>

The following programs below require an interview with a Coordinator:

Program	Coordinator	Email
Automotive Technology	Marc Bellerose	<a href="mailto:mbellerose@ccsnh.edu">mbellerose@ccsnh.edu</a>
Early Childhood Education	Carrie Marshall Gross	<a href="mailto:cmarshall@ccsnh.edu">cmarshall@ccsnh.edu</a>
Electronic Technology	Norman Carignan	<a href="mailto:ncarignan@ccsnh.edu">ncarignan@ccsnh.edu</a>
Graphic Design	Joanne Jagodowski	<a href="mailto:jjagodowski@ccsnh.edu">jjagodowski@ccsnh.edu</a>
Medical Assistant	Candice Spaulding	<a href="mailto:cspaulding@ccsnh.edu">cspaulding@ccsnh.edu</a>
Teacher Education	Carrie Marshall Gross	<a href="mailto:cmarshall@ccsnh.edu">cmarshall@ccsnh.edu</a>
Technical Studies	Office of Academic Affairs	<a href="mailto:sduquette@ccsnh.edu">sduquette@ccsnh.edu</a>

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

Completed forms should be submitted to the Academic Advising Office in Room 248 or by email  
[MCCTransfers@ccsnh.edu](mailto:MCCTransfers@ccsnh.edu)

For office use:

Processed by:

Effective Semester:

Date: