



**INTERNATIONAL UNDERGRADUATE
CHANGE OF MAJOR U-16**

Office of International Student Services
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Section 1: Student Information

Student's Name:	_____	LU ID Number:	_____
	Last First MI		
Local Address:	_____		
Phone Number:	_____	Email:	_____
Current Major:	_____	Desired New Major:	_____
Semester/Year in which Change of Major is to Begin:	_____		

Section 2: Approval from New Department

Decision by Chair of New Major	<input type="checkbox"/> Approved	<input type="checkbox"/> Reject
Deficiencies/First Year Courses:	_____	

	_____	_____
	Department Chair	Date

Section 3: Approval from Current Department

Chair Comments:	_____	

	_____	_____
	Department Chair	Date

Section 4: Approval from the International Office

DSO Comments:	_____	

	_____	_____
	DSO Signature	Date