



Change of Student Major/Degree Form

Hibbing Community College
Student Services Offices
1515 East 25th Street
Hibbing, MN 55746
1-800-224-4422 or 218-262-7200
Fax: 218-263-2992

Student Name (Last, First, MI):	Student ID# or Star ID:	Date:
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Current Major _____

Semester to **Stop** Current Major/Degree

- Fall 20_____
- Spring 20_____
- Summer 20_____
- I would like to keep my current major/degree and add a second major/degree.*

Change of Major/Degree

I hereby inform Hibbing Community College that I have discussed a change of major/degree with my advisor/counselor and wish to change to or add:

New or additional major/degree: _____

Semester to **Begin** New Program

- Fall 20_____
- Spring 20_____
- Summer 20_____

Student Signature _____ Date _____

Advisor/Counselor Consent

_____ *The above named student has informed me of their academic intent to change his/her program or degree.*

Counselor or Advisor's Signature _____ Date _____

OFFICE USE ONLY

_____ *The above named student has returned all books, library items, supplies tools and materials.*

Program Instructor's Signature _____

Copies: Technical Program Instructors