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:  

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

An affirmative action, equal opportunity educator. This document is available in alternative formats to individuals with disabilities by calling 1-800-224-4422