

NMSU Carlsbad Student Services

Change of Major / Change of Campus Form

(Please Print Information)

Name _____ Banner ID: _____

Date of Birth: ___/___/___ Phone Number: _____

Email: _____

Change of Major

Please change my major on my academic records as follows

From _____

To _____

Advisor Signature _____ Date: _____

Student Signature _____ Date: _____

Change of Campus

(Transfer from NMSU Campuses to Carlsbad Campus)

Transferring from	Major _____	Term/Year
<input type="checkbox"/> Main Campus (Las Cruces)	<input type="checkbox"/> NMSU Online	Fall: 20 _____
<input type="checkbox"/> Alamo_gordo	<input type="checkbox"/> Grants	Spring: 20 _____
<input type="checkbox"/> Dona Ana CC		Summer: 20 _____

Student Signature _____ Date: _____