General Science Program

Change of Major

Date: __________ Name: ____________________________________________

UO ID#: □ □ □ □ □ □ □ □ □

Email Address: ______________________________________________________

Phone: ____________________________________________________________

Current Major(s): _____________________________________________________

Are you dropping your current major? □ Yes □ No

Bachelor of: □ Arts □ Science

I wish to:

□ Add □ Drop General Science □ as a major

□ Drop ___________________________ □ as a major □ as a minor

□ Drop ___________________________ □ as a major □ as a minor

If you have 2 majors do you want General Science to be your □ 1st □ 2nd major?

I understand that it is my responsibility to familiarize myself with, and fulfill, the major requirements as well as the university requirements, and to verify the accuracy of any information I am given regarding either.

Student Signature (in pen): __________________________________________