

CHANGE OF MAJOR/PROGRAM OF STUDY



Please PRINT the following Requested Information:

Full Name _____ SSN _____

My new major/program of study is _____

Signature _____

Date _____

Mail: **SAU Tech**
Office of Admissions
PO Box 3499
Camden, AR 71711

Fax: **(870) 574-4442**

email: **bellis@sautech.edu**