

**NASHUA COMMUNITY COLLEGE**  
OFFICE OF THE REGISTRAR  
505 Amherst Street, Nashua, NH 03063  
Fax: (603) 883-1636 Email: NCCRegistrar@ccsnh.edu

**OFFICE USE ONLY**

Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_

**CHANGE OF MAJOR FORM**

\_\_\_\_\_  
NAME (Please print clearly)

A \_\_\_\_\_  
STUDENT ID #

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
PERSONAL EMAIL ADDRESS

\_\_\_\_ Check here if this is a change in address, phone, or email.

**EFFECTIVE TERM:** Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

**I UNDERSTAND THAT:**

- \_\_\_ I must meet with my Academic Advisor and secure his/her signature below.
- \_\_\_ Placement testing may be required
- \_\_\_ Some courses previously taken may not apply to my new program, and it may extend my enrollment period.
- \_\_\_ **I may not be Financial Aid eligible because of maximum timeframe constraints or because of programs not eligible for Financial Aid (see list in Financial Aid Office).**

*I understand that the Nashua Community College catalog is a guide and that its contents are subject to revision at any time. The College reserves the right to change fees, courses, policies, programs, services and personnel as required.*

**CHECK ONE:** \_\_\_ ADD \_\_\_ CHANGE \_\_\_\_\_ PLEASE RE-EVALUATE TRANSFER CREDIT

FROM: \_\_\_\_\_  
MAJOR YOU ARE CURRENTLY ENROLLED IN

DEGREE \_\_\_ CERTIFICATE \_\_\_

TO: \_\_\_\_\_  
MAJOR YOU WISH TO ADD OR CHANGE IN TO

DEGREE \_\_\_ CERTIFICATE \_\_\_

**PLEASE CHECK THE FOLLOWING:**

Are you receiving Federal Financial Aid? \_\_\_ YES \_\_\_ NO  
(i.e. Grants, Loans, etc)

Are you receiving Veterans' Assistance? \_\_\_ YES \_\_\_ NO

**PLEASE OBTAIN THE SIGNATURES FROM THE FOLLOWING:**

Financial Aid: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_