



THE GRADUATE SCHOOL
of the COLLEGE OF CHARLESTON

Change of Major Within the School of Education

Personal Information:

Name: _____

SSN: _____

Current Degree/Major: _____

Current Advisor: _____

I request to change my major to: _____

MAT (Master of Art in Teaching)

- _____ Early Childhood
- _____ Elementary
- _____ Special Education
- _____ Learning Disabled
- _____ Emotionally Disabled
- _____ Mentally Disabled

M.Ed. (Master of Education)

- _____ Early Childhood
- _____ Elementary
- _____ Science & Mathematics for Teachers
- _____ Special Education
- _____ Learning Disabled
- _____ Emotionally Disabled
- _____ Mentally Disabled

I wish to enroll in my new program beginning in the _____ semester.
(Term and Year)

Signature

Date

