

Texas A&M University-Central Texas

Graduate File Update Form

Major Change and Name Change Form

Please complete the following (enter the information below as it appears on your permanent record)

Date_ _ _ _ _

(Student's Last Name)	(First Name)	(Middle Initial)
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Student's Social Security number_ _ _ _ _

Current Major Field_ _ _ _ _

Change Major Field To_ _ _ _ _

Email address_ _ _ _ _

Phone Number_ _ _ _ _

Address_ _ _ _ _

Student's Signature	Date
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