

Academic Year		Semester	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Application Type	<input type="checkbox"/> Declare Major <input type="checkbox"/> Change Major					
Student Name						
Mobile No.		ID NO				
Current Major		Major Change to				
Sponsor/ Scholarship	<input type="checkbox"/> If Yes, NOC letter is required by the Office of the Registrar <input type="checkbox"/> No	Transferred Student	<input type="checkbox"/> YES <input type="checkbox"/> No			

Dear student, Please select **ONE** of the following **CAS** majors:

College	Major	<input checked="" type="checkbox"/> Check Your Choice
Arts and Sciences (CAS)	BA in English	
	BA in Mass Communication ( <b>English</b> )	
	<input type="checkbox"/> Broadcast <input type="checkbox"/> Strategic Communication	
	BA in Mass Communication ( <b>Arabic</b> )	
	<input type="checkbox"/> Journalism <input type="checkbox"/> Radio & TV <input type="checkbox"/> PR & Advertising	
	BSc in Environmental Health and Safety	
	BA in Persian Language	
	BSc in Public Health	

\* If the above application is approved, the student will be automatically on the new study plan of the concerned major unless Specified by the advisor.

\* Declaration/change major submission deadline is announced in the current ADU AY calendar.

Student's Signature: \_\_\_\_\_

Date: ----- / ----- / -----

For Official Use Only	Supporting Information		
Determine eligibility. Attach transcript to application:	High School Average:----- %	<b>Courses Completed</b>	<b>Grade</b>
<input type="checkbox"/> Regular Admission <input type="checkbox"/> New Plan <input type="checkbox"/> Old Plan <input type="checkbox"/> Intended Major (Conditional) <input type="checkbox"/> No Reasons for rejection/ conditional admission: ----- ----- ----- -----	High School Track:	<input type="checkbox"/> UNS102	
	<input type="checkbox"/> Science	<input type="checkbox"/> ENG 200	
	<input type="checkbox"/> Literary	<input type="checkbox"/> PSY201	
		<input type="checkbox"/> STT100	
	CGPA :----- / 4	<input type="checkbox"/> ITE100	
		<input type="checkbox"/> MTT101	
Advisor Signature :	Date:----- / ----- / -----		
Dean's Signature:	Date:----- / ----- / -----		
Registrar's Office Comments: Processed By : Signature :	Date:----- / ----- / -----		