VESALIUS COLLEGE - VZW
Pleinlaan 2, B_1050 Brussels, Belgium
Telephone: (32)2-629-28-21 Fax: (32)2-629-36-37
Email: vesalius@vub.ac.be

REQUEST FOR A CHANGE OF MAJOR

Note: Changing a major may affect the number and distribution of any transfer credits you were awarded upon admission to Vesalius College. Please type or write clearly

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Academic Year: _____ Semester: ☐ Fall ☐ Spring ☐ Summer

Personal Information

Full student n° .....

Family Name .....

First Name .....

Student's Signature ..... Date .....

Original Major

Major .....

Advisor

Name .....

☐ Agrees ☐ Refuses

Advisor's Signature ..... Date .....

New Major

Major .....

Advisor

Name .....

☐ Agrees ☐ Refuses

Advisor's Signature ..... Date .....

Received by Registrar

Registrar's Signature ..... Date .....

TC's Re-evaluated ..... Letter to Student .....

Copy Student ..... Copy Advisor .....