California State University, San Bernardino  
5500 University Parkway, San Bernardino, CA 92407  
Office of the Registrar

APPLICATION FOR IMPACTED MAJORS

Submit this completed form with an attached copy of your PAWS report to the department of the major you are seeking. If approved, there is a $6.00 processing fee, payable to CSUSB, and submitted to the Bursar’s Office in UH-035.

(PLEASE PRINT CLEARLY)

CURRENT MAJOR:  
☐ BA  ☐ BS
Major: ____________________________
Concentration (If any, please specify below): ____________________________

IMPACTED MAJOR YOU ARE SEEKING:  
☐ BA  ☐ BS
Major: ____________________________
Concentration (If any, please specify below): ____________________________

STUDENT LEVEL: ☐ Freshmen  ☐ Sophomore  ☐ Junior  ☐ Senior
CURRENT GPA: (CSUSB) ___________ (Cum) ___________

STUDENT INFORMATION

Name ____________________________________________ Date ____________________________
Address ____________________________________________ Phone (________)______________
City ____________________________________________ State ___________ Zip Code ___________
Expected quarter and year of graduation ____________________________ E-Mail Address ____________________________

Student’s Signature ____________________________________________ CID # ____________________________

Note to international students: International students must obtain an I-20 form from the Center of International Programs and Students Office for notification to the Immigration and Naturalization Services.

DEPT CHAIR OR PROGRAM COORDINATOR

Students applying to an impacted major must meet with the Department Chair or Program Coordinator to ensure the student meets the criteria necessary for pursuing this new major.

Dept Chair or Program Coordinator: I have met with this student and have determined that this student meets the criteria required for this major.  ☐ Approved  ☐ Denied; Reason: ____________________________________________

Name (Please Print) ____________________________ Title ____________________________ Ext ___________
Signature ____________________________________________ Date ____________________________

**Please submit this form to the Office of the Registrar, UH-171, once approved and fees paid.**

For Office Use Only:

Dept: (GPA) CSUSB ________ CUM ________ TRANSF ________ RRE: Fee ________ By ________ Date ________

Distribution: White = Records; Yellow = New Major; Pink = Student

AIM/0415h