

St. Cloud State University

Department of Child and Family Studies

Intent to Major Form

Today's Date _____

Name _____
First Middle Initial Last

SCSU ID # _____ DOB _____

SCSU email address: _____@stcloudstate.edu

Local Address _____

City _____ State _____ Zip _____

Local Phone _____ Cell Phone _____

Permanent Address _____

City _____ State _____ Zip _____

Phone (Home) _____

Credits completed at SCSU _____

GPA at SCSU _____

Are you a transfer student: No Yes If Yes, do you have an AA degree? _____

What institution did you transfer from? _____

Number of credits transferred to SCSU _____

OFFICE USE ONLY

Date received _____

Assigned Advisor _____