GALEN UNIVERSITY
Office of the Registrar
Tel: (501) 824 - 3226

Change of Major Request Form

Full Legal Name: _____

Last Name First Name Middle

Student ID No.: _____ Telephone No.: _____

Major to DROP: _____

Advisor's Signature: _____

Major to ADD: _____

Advisor's Signature: _____

Reason for Change: _____

All Signatures must be obtained before the Student is registered.

_____ _____
Student's Signature Date

_____ _____
Dean of Faculty's Signature Date

FOR OFFICIAL USE ONLY	
Finance Office	**Registrar's Office**
Receipt No.:	*Processed By:*
Processed By:	*Date:*
Date:	