



GALEN
UNIVERSITY

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

Change or Add of Concentration Request Form

Full Legal Name:

Last Name

First Name

Middle

Student ID No.:

Telephone No.:

**Concentration to
DROP:**

Advisor's Signature:

**Concentration 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

Registrar's Office

Processed By:

Date:
