

UNIVERSITY OF GEORGIA
APPLICATION TO ENTER A MAJOR

All of the information in the following section must be completed in order for the form to be processed.

Student ID Number: _____

Name on Academic Record: _____
(Last, First, Middle)

If applicable, provide your local mailing address:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Provide your permanent mailing address:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email address: _____

Current intended major of record: _____
Major School/College

Major for which you are applying:

Major: _____

Department: _____

School or College: _____

Many majors require information in addition to the completion of this form in order for a student to be considered for possible admission to the major and some majors accept applications only at defined periods of each term. It is the student's responsibility to determine whether such additional requirements are in place. This may best be determined by contacting the department directly.

Student's signature

Submit this application and any additional information required directly to the department.

APPROVAL (for office use only)

1. Department: _____

Approved - Effective Term _____ Disapproved: _____

Reason

Signature

Date (MMDDYYYY)

2. Dean's office:

DP screen updated: _____
Date (MMDDYYYY) Initials