



Lancaster General
College of Nursing
& Health Sciences

REQUEST FOR CHANGE OF MAJOR

Name: _____

Date of Birth: _____

Current Major: _____

New Major: _____

It is your responsibility to meet with your academic advisor prior to requesting a change of major. A change of major could add additional time to your education and could have financial aid implications. The request will be reviewed by the Program Chair of the new major.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Return form to:
Office of Academic Advising
549 North Lime Street
Lancaster, PA 17602

- Request approved pending successful completion of required pre-requisites. Placement in clinical courses planned for:
Fall 20____ Spring 20____ Summer 20____
- Request denied
Reason: _____

Program Chair Signature: _____ Date: _____

Original: Student File, Registrar's Office
Copy: Student, Exiting Program Chair

