Georgia State University

Change of Major Form

[] UNDECLARED MAJOR  [ ] CHANGE OF MAJOR  [ ] CHANGE OF COLLEGE

Check if you have never declared a major at GSU  Check above if you would like to change your major  Check above if your new major changes your college

Earned Hours: __________  Current Major: __________  Current GSU College: __________

*ADVICEMENT is REQUIRED for all change of college, major, minor, and concentrations.

Name: ________________________  Panther ID Number: ________________________

Home/Cell Phone Number: __________  GSU Email: ________________________@student.gsu.edu

DO YOU HAVE A HOLD ON YOUR RECORD BECAUSE YOUR MAJOR IS UNDECLARED?  [ ] Yes  [ ] No

Degree Type of New Major (circle one):

Bachelor of Science (B.S.)  Bachelor of Business Administration (B.B.A.)  Bachelor of Arts (B.A.)
Bachelor of Music (B.Mus.)  Bachelor of Science in Nursing (B.S.)  Bachelor of Science in Education (B.S.Ed.)
Bachelor of Fine Arts (B.F.A.)  Bachelor of Interdisciplinary Studies (B.I.S.)  Bachelor of Social Work (B.S.W.)

*Some Degree Programs require an application before students can progress within the degree program*

New Major: ________________________

[ ] Add  [ ] Delete  Second Minor (if applicable): ________________________

[ ] Add  [ ] Delete  Minor (if applicable): ________________________

Concentration (if applicable): ________________________  [ ] Add  [ ] Delete

Double Major or Dual Degree:

*ONLY complete this section if you wish to declare a double major or dual degree. See reverse side for more information.

PRIMARY DEGREE/MAJOR ONE:

SECONDARY DEGREE/MAJOR TWO:

By signing this form, I understand that certain programs have GPA, curriculum completion, and/or application requirements to progress and/or remain in said program.

I have (with the assistance of an academic advisor) reviewed, discussed, and understand the impact of changing my major and the potential change it may have on my graduation date.

STUDENT SIGNATURE: ________________________  DATE: ______________

ADVISOR SIGNATURE: ________________________  DATE: ______________