## THE GEORGE WASHINGTON UNIVERSITY

## WASHINGTON, DC

## **CHANGE OF MAJOR REQUEST**

**Health Sciences Dean's Office** 

Use of this form is restricted to: change of major within Health Sciences OR to change from a degree to a certificate within the same Health Sciences major. Change of major to another school (ex: CCAS, SON), change of degree (ex: MSN to MSHS), or from a Health Sciences certificate to a degree (ex: Grad Certificate to MSHS) requires an admissions application to the new program. Some majors within Health Sciences may require a full admissions application. Consult with an academic advisor or program director for the new major prior to submitting this form.

**Note**: requests can be processed through the end of the first week of a semester based on the University academic calendar. Requests received after the first week will be processed effective the following semester.

Student Name:	GWID:	
GW Email:	Phone:	
I am requesting to change from the	r	major
to the		major.
Please provide a brief explanation for wh	y you wish to change majors.	
Student Signature:	Date:	
DROP (old major) - This Secti	on to be Completed by the Program the Student is Leaving	
Degree/Certificate:	Major:	
Comments:		
Program Director Signature:	Date:	
Add (new major) - This Section	n to be Completed by the Program the Student is Moving To	
Degree/Certificate:	Major:	
Request	t is: Approved Not Approved	
Comments:		
Program Director Signature:	Date:	
This Section to be	Completed by the Health Sciences DEAN'S OFFICE	
Change effective term:		
Received by:	Date:	