



GALEN
UNIVERSITY

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

Change or Add of Minor Request Form

Full Legal Name:

Last Name	First Name	Middle
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Student ID No.: _____ Telephone No.: _____

**Minor to
DROP:**

Advisor's Signature:

**Minor 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: _____