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Georgia Perimeter College

The University System of Georgia

Change of Major Form

- Return completed form to the Campus Enrollment and Registration Services office, mail to Admissions and Records, P.O. Box 89000, Atlanta, GA 30356, or fax to 678-891-3211.
- This form is for current applicants and active students only. No fee is required.
- Change of Major forms received after the last day of Schedule Adjustment for a term will be processed for the next term.

STUDENT INFORMATION

GPC-ID _____

Name _____
Last First Middle

CHANGE OF MAJOR TO (check only one):

Associate of Arts
- □ Anthropology
- □ Art
- □ Biology
- □ Chemistry
- □ Communication
- □ English
- □ Film
- □ Foreign Lang w/Business
- □ Foreign Language
- □ Geology
- □ History
- □ Homeland Sec & Emergency Mgmt.
- □ Journalism
- □ Mathematics
- □ Philosophy
- □ Physics
- □ Political Science
- □ Sociology
- □ Theatre

Associate of Science
- □ Art
- □ Business Administration
- □ Criminal Justice
- □ Computer Science
- □ Dental Hygiene*
- □ EDUC: Middle Grades
- □ EDUC: Health & Physical Educ.
- □ EDUC: Early Childhood Educ.
- □ EDUC: Secondary Education
- □ EDUC: Special Education
- □ Engineering
- □ General Studies
- □ HS: Health Info Admin
- □ HS: Medical Technology
- □ HS: RS-Nuclear Medicine Tech
- □ HS: RS-Radiation Therapy
- □ HS: Respiratory Therapy
- □ Health & Physical Educ.
- □ Music
- □ Nursing*
- □ Pre-Dentistry
- □ Pre-Pharmacy
- □ Pre-Medicine
- □ Psychology
- □ Radiologic Technology (DM)
- □ Social Work
- □ Sport Management

Associate of Applied Science
- □ Library & Info Science Tech
- □ Sign Language Interpreting

Certificate
- □ Library & Info Science Tech
- □ Sign Language Interpreting

* Major will be Pre-Nursing or Pre-Dental Hygiene until officially accepted into the program.

STUDENT AUTHORIZATION

I authorize Georgia Perimeter College to change my major as noted above. I also understand that if this request is made after the last day of schedule adjustment for a term, it will be processed for the next term.

Signature _____ Date _____