Lincoln Memorial University DECLARATION OF MAJOR BACCALAUREATE OR ASSOCIATE DEGREE PROGRAMS

Complete the upper portion of the form and leave with the Chair of the appropriate Academic Department in which you are declaring a major. The Chair will assign an advisor and return this form to the Registrar's Office for data update.

TO BE COMPLETED BY THE STUDENT:		
Name:		ID No.:
Last	First	MI MI
Local Mailing Address	:	
Declared Baccalaureate	e or Associate major:	(May indicate "UNDECIDED")
Anticipated date of gra	duation:	
(You must use a catalog for a	semester in which you were e	nrolled as a degree seeking student at LMU. You cannot mix st be within six years of the date of graduation.)
If "UNDECIDED", ple	ease indicate subject area	a of particular interest:
Declared Baccalaureate	e Minor (optional):	
If this form represents a previously assigned ad-	_	please indicate the replaced program(s) and
Student's Signature:		Date:
TO BE COMPLETED	BY ADMINISTRATIV	/E PERSONNEL:
Signature of Departme	nt Chair:	Date:
Assigned Academic A	dvisor:	
Office location:	Academ	ic Department: