Lincoln Memorial University DECLARATION OF MAJOR or MINOR 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 or minor. 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.:
Name:	First	MI
Local Mailing Address:		
Declared Baccalaureate	or Associate major: _	(May indicate "UNDECIDED")
Anticipated date of grade	uation:	
	semester in which you wer	re enrolled as a degree seeking student at LMU. You cannot mix must be within six years of the date of graduation.)
If "UNDECIDED", plea	se indicate subject a	rea of particular interest:
Declared Baccalaureate	Minor (optional):	
If this form represents a previously assigned advi	_	n, please indicate the replaced program(s) and
Student's Signature:		Date:
TO BE COMPLETED I	BY ADMINISTRAT	TIVE PERSONNEL:
Signature of Departmen	t Chair:	Date:
Office location:	Acade	emic Department