BRYAN COLLEGE APPLICATION FOR MAJOR

Student Name:	Box #:
Major:	Option (if applicable)
in order to be officially enrolled in a ma	ation for Major and receive approval from an academic department ajor program. NOTE: A minimum or 15 hours in the major must be ajor is normally completed by the end of the sophomore year.
Why have you selected this major?	
Expected graduation date (Month/Y	ear):
Student Signature:	Date:
Adviser Signature:	Date:
REGISTRAR'S OFFICE USE ONLY:	
ACT Composite Score:	_ SAT Score:
DEPARTMENT ACTION:	[] APPROVED [] DENIED
Comments:	
DEPARTMENT CHAIR SIGNATURE: 595.113 (Rev. 09/17)	Date: