



Xavier University of Louisiana
Registrar's Office
1 Drexel Dr., Room 630
New Orleans, L A 70125
(504) 520-6790(office); (504) 520-7922(fax)

Declaration of Major

NAME: _____

ID# _____

PHONE: _____

DATE: _____

I hereby request permission to Transfer:

From the major of _____

TO the major of _____

I hereby request permission to:

ADD a second major _____

DROP a second major _____

Please complete this form and email regis@xula.edu and to the Department Head of the major **you wish to enter** and the major you are **requesting to leave**.

Student Signature: _____

(Revised 3/24/20 due to university closure to students)

Department Head Email List

Department	Department Head	Email Address
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