DECLARATION OF MAJOR/MINOR ---CHANGE OF MAJOR/MINOR APPLICATION

Please Check Appropriate Action(s) - (Please Print)

DATED APPLICATION INITIATED: __________________________________________

DECLARATION OF MAJOR(S)_________ DECLARATION OF MINOR(S)_________

CHANGE OF MAJOR(S)______________ CHANGE OF MINOR (S) ________________

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STUDENT’S NAME ___________________________________ PREFIX ________

(Mr. Mrs. Ms.)

STUDENT’S ID# ___________ EMAIL ADDRESS_______________________________

MAJOR: ___________________________ MAJOR ADVISOR:____________________

MINOR: ___________________________ MINOR ADVISOR:____________________

DEPARTMENT ENTERING: ________________________________

DEGREE(S): _______________________ CONCENTRATION(S)_______________

DUAL MAJORS: ______________________ _____________________________

DUAL MAJOR ADVISORS: ________________________________

Statement of understanding:

I, ____________________________, understand not all credits earned to date may apply toward my graduation due to change of major/minor. I have received and reviewed the degree program requirements and a curriculum guide. Furthermore, I understand that I am responsible for successfully completing all course requirements.

Student’s Signature ___________________ Date __________ Department Chair’s Signature ___________________ Date __________

Application processed by (Registrar’s Office Personnel) ___________________ Date ___________________

Distribution: Copy ______ Student Copy = New Department Copy = Previous Department

Original ______ Registrar’s Office for processing and system input

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