



Office of Records and Registration Declaration of Major/Minor

Student ID# _____

Date: _____

Student Name _____

Please Print Last

First

M

Major

I wish to declare a major in _____

Concentration:

Minor

I wish to declare a minor in _____

Student Signature _____

Date: _____

Note: Should you decide to change your major, it is your responsibility to notify the Office of Records and Registration.

Advisor Signature _____

Date: _____

Please Print Name _____

Department Chair Signature _____

Date: _____

Please Print Name _____

Complete this section if you wish to declare a double major

I wish to declare a second major in _____

Advisor Signature _____

Date: _____

Please Print Name _____

Department Chair Signature _____

Date: _____

Please Print Name _____