

DECLARATION OF MAJOR CARD

Student ID: _____ Name: _____
Last First Middle

Declaration of Major

(If undecided write "Exploratory")

Date: _____ Major: _____

Department Chair Signature: _____ Assigned Advisor: _____
Please Print

Drop Major Department Chair Signature: _____ Date: _____

Declaration of Second Major

Date: _____ Major: _____

Department Chair Signature: _____ Assigned Advisor: _____
Please Print

Drop 2nd Major Department Chair Signature: _____ Date: _____

Declaration of DUAL DEGREE

30 additional credits are required; see catalog for more requirements

Date: _____ Major: _____

Department Chair Signature: _____ Assigned Advisor: _____
Please Print

Drop Dual Degree Department Chair Signature: _____ Date: _____

Declaration of Teacher Certification (Secondary Education & K-12)

Date: _____ Certification/Area: _____

Department Chair Signature: _____ Assigned Advisor: _____
Please Print

Drop Cert. Department Chair Signature: _____ Date: _____

See reverse for additional changes and declarations

Change of Major

Date: _____ Major: _____

Department Chair Signature: _____ Assigned Advisor: _____

Please Print

Drop Major Department Chair Signature: _____ Date: _____

Change of Major

Date: _____ Major: _____

Department Chair Signature: _____ Assigned Advisor: _____

Please Print

Drop Major Department Chair Signature: _____ Date: _____

Declaration of Minor

Date: _____ Minor: _____

Department Chair Signature: _____ Assigned Advisor: _____

Please Print

Drop Minor Department Chair Signature: _____ Date: _____

Change of Minor

Date: _____ Minor: _____

Department Chair Signature: _____ Assigned Advisor: _____

Please Print

Drop Minor Department Chair Signature: _____ Date: _____

Change of Minor

Date: _____ Minor: _____

Department Chair Signature: _____ Assigned Advisor: _____

Please Print

Drop Minor Department Chair Signature: _____ Date: _____

Declaration of Concentration

Date: _____ Major Concentration: _____

Department Chair Signature: _____ Assigned Advisor: _____

Please Print

Drop Concentration Department Chair Signature: _____ Date: _____

Change of Concentration

Date: _____ Major Concentration: _____

Department Chair Signature: _____ Assigned Advisor: _____

Please Print

Drop Concentration Department Chair Signature: _____ Date: _____