NAME: ____________________________________________ Class: (Circle One): Fr. Soph. Jr. Sr.
I.D.#: ___________________ Student Phone # ___________________ Worner Box #: ______________
MAJOR DECLARING: ___________________________ Major Concentration (if any) ______________
MAJOR ADVISER: ________________________________ (please PRINT name) SIGNATURE

If changing advisor, signature of FORMER ADVISER: ______________________________________

Courses already completed in major: ______________________________________________________
                                                                                               
                                                                                               
                                                                                               
                                                                                               
                                                                                               
                                                                                               
                                                                                               
                                                                                               
                                                                                               
I fully understand the departmental requirements for this major and herewith apply for acceptance.

_________________________________________ Date

Signature of Student

Take to Chairperson of prospective major department for approval and signature, if major is inter-
departmental, this MUST be signed by each department’s chair.

ADMISSION GRANTED: _______ ADMISSION DENIED ______

Please list reason if denied:

__________________________________________________________________________________

Signature of Chair of Former Dept. (if dropping major) Signature of Department Chair Date

MAJOR DROPPED: __________________________________________________

Signature of Department Chair Date

Signature of Department Chair Date

Registrar’s Office Use Only

Date Declared: ___________________________ Major Code: ___________________________
UFD: __________________________________ Update MB: ___________________________
Update Major: __________________________ Update CT: ___________________________
Copies: ____________________________________ Initials: ___________________________