

To: Office of the Registrar
Enrollment Management

Declaration of Major and Minor

Name: _____ T# _____

Desired major _____ College/School of _____

Current major _____ College/School of _____

Reason for change: _____

Approvals for transfer of major:

Department Chair transferring from _____ Date _____
Month *Day* *Year*

Department Chair transferring to _____ Date _____
Month *Day* *Year*

Approvals for minor:

Minor _____

Approved _____ Date _____
Academic Advisor of major *Month* *Day* *Year*

Approved _____ Date _____
Department Chair of minor *Month* *Day* *Year*

Approvals for Double major:

Primary Major _____

Approved _____ Date _____
Academic Advisor *Month* *Day* *Year*

Approved _____ Date _____
Department Chair *Month* *Day* *Year*

Secondary Major _____

Approved _____ Date _____
Academic Advisor *Month* *Day* *Year*

Approved _____ Date _____
Department Chair *Month* *Day* *Year*

Prepare in Duplicate