

Declaration/Change of Major/Minor

Date _____ Student ID# _____

Student Name _____

Intended Major _____

Intended Minor _____

Student's Signature

Advisor's Signature

*If this is a change in major, please secure the following signature, and indicate whether or not you need a new advisor.

_____ I need a new advisor ___yes ___no
New Major Department/Division Chair

****Please return to the Registrar's Office upon completion.**