

DECLARATION OF MAJOR

This form is to be used to add or change a major, minor, certificate program of study or an assigned advisor

Please PRINT clearly

STUDENT NAME: \_\_\_\_\_ ID # \_\_\_\_\_

STUDENT EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAJOR Please Circle: Adding Major (first time) Adding 2nd (Dual) Major Changing Current Major

check major selection below

- BS Business Administration [BUS ADMIN] BA Communication Arts [COMM ARTS]
BS Early Childhood Education [ECEPK4] BA Liberal Studies (General) [LIB STUDIE]
BS Early Childhood PreK-4 & Spec Ed PreK-8 [ECEPK4S] BA Liberal Studies (Education & Learning) [LBS EDU]
BS Hotel Restaurant & Tourism Management [HRTM] BA Psychology [PSYCH]
BS Recreation & Leisure Management [RECMGT] BA Social Relations (Am Political Studies) [SOCREL PS]
BS Biology (General) [BIO BS] BA Social Relations (Criminology) [SOCREL CJ]
BS Biology (Pre-Med) [BIOPREMED] BA Social Relations (Sociology) [SOCREL SO]
BS Biology(Pre-Nursing & Hlth Profession) [BIOPRENURS]

ADVISOR: \_\_\_\_\_ (add/change) ADVISOR: \_\_\_\_\_ (add/change)

MINOR Please Circle: Adding Minor (first time) Adding 2nd Minor Changing Current Minor

check minor selection below

- Biology (24 credits) [BIOMINOR] Recreation & Leisure Management(18 credits)[RECMINOR]
Communication Arts (18 credits) [COMMIN] Social Relations (Crim Justice)(18 credits) [SOCMIN]
Hotel Restaurant & Tourism (18 credits) [HRTMMIN] Social Relations (Sociology) (18 credits) [SOCMIN]
Psychology (18 credits) [PSYCMIN]

ADVISOR: \_\_\_\_\_ (add/change) ADVISOR: \_\_\_\_\_ (add/change)

CERTIFICATE Please Circle: Adding Certificate (first time) Adding 2nd Certificate Changing Current Certificate

check certificate selection below

- Art Education (18 credits) [SBCERTAED] Graphic Design Arts (18 credits) [SBCERTGRD]

ADVISOR: \_\_\_\_\_ (add/change) ADVISOR: \_\_\_\_\_ (add/change)

Statement of understanding:

I, \_\_\_\_\_, understand not all credits earned to date may apply toward my graduation due to change of major/minor. I have received and reviewed the degree program requirements and a curriculum guide. Furthermore, I understand that I am responsible for successfully completing all course requirements.

Student's Signature Date Departmental Approval / Signature Date

Registrar's Office Processor / Signature Date

Please return this original to the Registrar's Office for processing