

Major Declaration/Advisor Update Form

Student ID #:			Nam	e:				
Contact Phone:			E-Ma	E-Mail:				
Mailing Addres	s:							
IMPORTANT ME additional cours	SSAGE: By sig	ning this form,	the student ack	_	t any change o	of major may r	equire	
Student Signature:				Date:				
INSTRUCTIONS	:							
 Enter your mage. If applicable, Obtain signates. Submit to the 	enter minor ture of new a	on appropriate dvisor or Scho	e line					
PLEASE RESPO	ND TO THE F	OLLOWING QI	JESTIONS:					
Is this a new ma	ajor? 🗆 YES	or 🗆 NO						
Are you adding	another area	a to you curren	nt major? 🛚 YE	S or □NO				
Anticipated Gra	duation Date	e?						
DEGREE TYPE: (P	lease check on	ıe)						
☐ Certificate	□ AA	□ AS	☐ AAB	☐ AAS	☐ ATS			
□ BA	☐ BS	☐ BFA	☐ BSN	☐ BSW	☐ BTS	☐ BSIT	☐ MEd	
Major:								
Minor:								
2nd Major:								
New Advisor's N	Name:							
		OFFIC	E OF THE REG	STRAR USE ON	ILY:			
Date Entered in Computer:				Operator Initials:				