**Declaration of Major Form**

*Use this form to declare or drop a primary or secondary major. Please use the Add/Change a Minor form to declare of change a minor or minors.*

*Student Instructions:*

1. *Complete Sections 1 & 2 of this form.*
2. *Sign and date the form in Section 3.*
3. *Return the signed form to Johnston Hall 120.*
4. *Allow 7 – 10 working days for processing and confirm via CheckMarq.*

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**Section 1: Student Information**

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MUID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last First M.I.*

Your Home College (check one)

O Arts & Sciences O Business Administration O Communication

 (Sensenbrenner Hall 103) (Straz Hall 101 (Johnston Hall 112)

O Education O Engineering O Health Sciences O Nursing

 (Schroeder Complex, 151B) (Haggerty Engineering 280 (Schroeder Complex 238) (Clark Hall 251)

Classification: O FR (0- 23 crs) O SO (24-59 crs) O JR (61-91 crs) O SR (92+ crs)

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**Section 2: Your Request**

 I wish to add the following

 O Primary Major O Secondary Major

 Major of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Concentration/Track, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I wish to drop the following major(s)

 Major of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Section 3: Your Signature**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Athletes must obtain a signature from the Athletic Department:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Athletic Department*  *Date*

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Section 4: To be completed by the College Office at the time of submission

Signature of the Associate Dean or College Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bulletin Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assigned Advisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adviser MUID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CheckMarq corrected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_