



*Undergraduate Major/Minor Declaration Request & Advisor Designation

Students with 60+ credits towards degree completion are encouraged to obtain financial aid status before submitting this request.

Student Name: _____

ID: _____

Classification: _____

Term: _____

Date: _____

Phone: _____

A. Major: Declaration ☐ Change ☐ *If updating advisor only, skip to Part D.* Drop ☐

Students should seek advisement prior to requesting a change of major, concentration and/or track as it could result in an increase in the number of credits required for graduation. If a student changes a major, concentration and/or track, the requirements are those specified in the catalog in effect at the time the student becomes a degree candidate in the new major, concentration and/or track. Please contact the respective department for written approval from an advisor: *If this is a request for a Double Major please check here* ☐

☐ College of Arts, Science & Education

☐ College of Business

☐ College of Behavioral & Social Sciences

☐ College of Health Profession: ☐ School of Allied Health

☐ School of Nursing

New Major: _____ Chairperson Signature _____

Current Major: _____ Chairperson Signature _____

B. Minor/Concentration/Track: Declaration ☐ Change ☐ Drop ☐

Students must earn at least 24 credits with a 2.0 cumulative GPA to declare a minor. Completing a minor is optional, and students should seek the guidance of an academic adviser when selecting a minor to understand how the minor requirements may be completed in conjunction with their degree. Please contact the respective department for written approval from an advisor: *If this is a request for a Double Minor please check here* ☐

☐ College of Arts, Science & Education

☐ College of Business

☐ College of Behavioral & Social Sciences

☐ College of Health Profession: ☐ School of Allied Health

☐ School of Nursing

New Minor: _____ New Concentration/Track: _____ Chairperson Signature _____

Current Minor: _____ Current Concentration/Track: _____ Chairperson Signature _____

C. Other Designations

Certification Declaration ☐

Certificate Plan: _____ Chairperson Signature _____

D. Advisor Designation: New ☐ Update ☐ *Student signature not required for departmental updates.*

Assigned Advisor: _____

Please Print

Student Signature: _____ Date: _____

Academic departments and students should retain a copy of this form for your records prior to submission.

Processed by: _____

Date: _____

*ATTN Athletes: Athletic advisor must verify & initial _____