

Double Major/Concentration Declaration

Complete entire form and return to the Office of the University Registrar. NOTE: Students who change majors will be placed on the program guide in effect the term that the form is processed. Student Name ___ _____ Student ID Number _____ ______ Telephone Number _____ **Additional Major Request Only** Major A Major B Degree (Circle) A.A. A.S. B.S. B.A. B.S. B.F.A. A.A. A.S. B.A. B.F.A. **Additional Concentration Request Only** Concentration A Concentration B Term New Major Begins (Circle) Year _____ Expected Date of Completion _____ Fall Spring Summer Student Signature Date **Approvals** Advisor Name A Date Approval Department Chair A Advisor Name B Date Approval Department Chair B Date Year of Program Guide, Major A ______ Major B _____ Office of the University Registrar Signature of Office of the University Registrar Date