*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 [ ] Drop [ ]
If updating advisor only, skip to Part D.
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:

- 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:

- 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: __________________________

*ATTN Athletes: Athletic advisor must verify & initial ________