



Undergraduate Change of Major/Declaration of Certificate

Name: _____

Classification:
 Freshman Junior Sophomore Senior

Advisor: _____

Student Id # _____

Email: _____

Phone: _____

Major Declaration: _____ **Effective:** _____
Semester/Year

Major Concentration:
 (if applicable)

1) _____

2) _____

Certificate Declaration: _____ **Effective:** _____
Semester/Year

*****Please be sure to check the program requirements for the major declared above. If you do not meet the requirements of the program, you may be asked to change your major. *****

SIGNATURES:

Student: _____ **Date:** _____

Primary Advisor: _____ **Date:** _____

Certificate Advisor: _____ **Date:** _____

Registrar: _____ **Date:** _____