

Undergraduate Major/Minor/Concentration Declaration and Change Form

Date:	
Name:	First MI
Current classification:	Email Address:
Current major:	New major:
Concentration:	Concentration:
Current minor:	New minor:
Signed: Student	Date
APPROVED:	
	_
Advisor's Printed Name	Advisor's Signature Date
Department Chairperson's Printed Name	Department Chairperson's Signature Date
☐ Please check this box, if you are a Student Athle	ete and list the sport you participate in.
SPORT:	
Signed: Athletic Enhancement Center Repre	
Athletic Enhancement Center Repre	sentative Date