## **ACADEMIC MAJOR FORM**

## See instructions on second page. To be completed by student. I.

ID		Last Na	ame —	First Name	
Loc	al Address:	Street A	Address		
<b>-</b>		City	State	Zip	
E-mail Address: Current Degree:		Major:		Option:	
•	Check all that app	ly:			
	I wish to change i	my major to:			
	Degree	Major	Op	tion	Effective Term
□	I wish to change	my advisor.			
□	I wish to declare a double major. My second major will be:				
	Degree	Major	Op	tion	Effective Term
□	I wish to drop my second major. My second major to be dropped is:				
	Degree	Major	Op	tion	
□	I wish to change r	my declared major/ cur	riculum effective t	erm to:	(ex. Spring 2001)
II.	TO BE COMPL	ETED BY STUDENT'S (	CURRENT ADVISOR	R (REQUIRED).	
		Signature			Date
III. TO BE COMPLETED BY DEPARTMENT CHAIR OF NEW OR SECOND MAJOR					
		<u> </u>			
Cor	mplete one of the f	Signature following:			Date
0	Please assign his/her <i>second</i> ma	jor. e completed form to: Aca		as this stud	ent's <i>new</i> advisor. dent's advisor in
4/1	1/2000				-

## **Directions for students:**

- 1. Complete section I.
- 2. Please print all information clearly.
- 3. Obtain signature of your current advisor.
- 4. Present form to department chair of your new major.
- 5. Return completed form to Academic Advisement in Lyle Hall for processing.

## **Directions for Department Chairs:**

- 1. Complete section III.
- 2. Sign and date the appropriate area.
- 3. Assign advisor by indicating full name.
- 4. Return completed form to advisor.

NOTE: Form is not valid if altered in any way.