



The signature of the Department Chair is required for each *newly* declared major or minor selected.

Student Name _____

ID # _____

Student Signature _____

Date _____

First Major: _____

9-12 Licensure: Y N K-12 Licensure: Y N

Chair Signature

Second Major: _____

9-12 Licensure: Y N K-12 Licensure: Y N

Chair Signature

Third Major: _____

9-12 Licensure: Y N K-12 Licensure Y N

Chair Signature

First Minor: _____

Chair Signature

Second Minor: _____

Chair Signature

DROP MAJOR / MINOR

Major(s) to be dropped: _____ Expected Graduation Date: _____
Month/Year

Minor(s) to be dropped: _____