



DECLARATION/CHANGE FORM

Full Name: _____
First *MI* *Last*

Address: _____ City/State/Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

► DECLARATION

Degree: _____ Associates of Science _____ Bachelor of Science

Major: _____ Minor: _____

► CHANGE

Degree: _____ Associates of Science _____ Bachelor of Science

Major: _____ Minor: _____

**Courses approved for Major/Minor*

Student Signature: _____ Date: _____

Former Advisor's Signature _____

New Advisor's Signature _____

Registrar's Signature _____

OFFICE USE ONLY

Received and Processed by: _____ Date: _____