

**Degree and or Major Change and Minor Declaration Form**

Name: \_\_\_\_\_  
                    First Name                                      Middle Name                                      Last Name                      Suffix

Address: \_\_\_\_\_  
                    Street                                      City                                      State                                      Zip

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email: \_\_\_\_\_

Present Degree: AS \_\_\_\_\_ BS \_\_\_\_\_ Same \_\_\_\_\_

Present Major From: \_\_\_\_\_ To: \_\_\_\_\_

Minor Declaration: Christian Ministries \_\_\_\_\_ Psychology \_\_\_\_\_ Business Ad \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Former Advisor's Signature \_\_\_\_\_

New Advisor's Signature \_\_\_\_\_

Registrar's Signature \_\_\_\_\_

**OFFICE USE ONLY**

Received and Processed by: \_\_\_\_\_ Date: \_\_\_\_\_