

DECLARE or CHANGE MAJOR/CONCENTRATION/MINOR

First Name _____ Last Name _____ Student ID# _____

Address _____ Telephone # _____

City/State/Zip _____ Email _____

(Indicate Main Campus or list CAPE location) _____

Major/Concentration

Previous Major _____

New Major _____ Concentration _____

New Major Advisor _____

New Advisor Signature _____ Date _____

Division Head Signature _____ Concentration _____

Second Major _____ Concentration _____

Second Major Advisor _____

Second Major Advisor Signature _____ Date _____

Second Major Div. Head Signature _____ Date _____

Minor

Remove Minor _____

Add New Minor _____

New Minor Advisor _____

New Minor Advisor Signature _____ Date _____

Division Head Signature _____ Date _____

Student's Signature _____ Date _____

PLEASE RETURN THIS SIGNED FORM TO THE REGISTRAR'S OFFICE.