

Program Declaration Form

Social Security No.

Name _____
last, first, middle / maiden

Status: Undergraduate (01) Graduate (02)

Daytime Phone Number:

Current Address: _____

city, state, zip

() _____
area code

*Major Program _____

Catalog Year
Year Term

Date
Month Day Year

Approval _____
CDA/GPD/Chair Signature

Please Indicate:

Second Major

Second Degree

Catalog Year
Year Term

Date
Month Day Year

Approval _____
CDA/GPD/Chair Signature

Minor Program _____

Catalog Year
Year Term

Date
Month Day Year

Approval _____
CDA/GPD/Chair Signature

Certificate Program _____

Catalog Year
Year Term

Date
Month Day Year

Approval _____
CDA/GPD/Chair Signature

Student Signature _____

Date
Month Day Year

IMPORTANT: Keep this copy for your records. Appeals or questions about your program changes should be accompanied by your copy.

Data Entry Date
Month Day Year

Signature _____
Registration Center

*If this is a change of major, list former program: _____