MAJOR DECLARATION/CHANGE

Return this completed form to your navigator in the Office of Student Advancement, Sears 340. Declaration/change is not official until this form is recorded by the Office of Undergraduate Studies, Sears 447.

Part I: To Be Completed by Student

Name: ____________________________________________________________

CWRU ID #: ___________________ Network ID: _______________________

(seven-digit number)

Entered CWRU: ___________________ Requirement Term: ___________________ Graduation Term: ___________________

(semester, year) (semester, year) (semester, year)

Major: ___________________________ for ○ BA ○ BS ○ Secondary Major

What is a secondary major? A student who wants to pursue two or more majors in different degree programs may designate one or more as a secondary major. For more information, see bulletin.case.edu/undergraduatestudies/degreeprograms (go to bottom of this page).

Concentration/Sequence: ____________________________________________

Is this a change of major?  ○ No  ○ Yes, I am dropping the major in ________________________________

Are you changing it from a minor to a major?  ○ No  ○ Yes

Are you changing it to a secondary major?  ○ No  ○ Yes

Pre-Health:  ○ No  ○ Yes  Pre-Law:  ○ No  ○ Yes

Student Signature: ___________________________ Date: ________________

Part II: To Be Completed by Academic Representative of the Major

Major Advisor Assigned: ____________________________________________

(Please print clearly)

Academic Representative: _____________________________________________

(signature)

Date: ______________________________

Part III: To Be Completed by Navigator

I have discussed these plans with the student.

Navigator’s Name: ________________________________________________

(Please print clearly)

Navigator’s Signature: ______________________________________________

Date: ______________________________

For Undergraduate Studies Use Only

Date: __________________________ Entered by: ______________________________

Dual Degree: ______________________________________________________