

Declaration of delalor

Student Information (Please Print or Type)	
Student Name	Student I:D
UNA E -mail:	Phone:
Have youapplied for graduation? Yes	s* □ No tion form
\$UH\RX FXUUHQWO\ UHFHLYQYes*If yesee your Veterans Benefits Coordinator	s*YMMHUDQV·EHQHILWV"
Are you participating in University athletics Yes *If yesee Athletic Counselor	s* □ No
Declaration	
I am requesing theaddition of second major to	my current degree program:
CurrentDegree(e.gBS, BA, BBA, BIS, BSW, BSEE	D, B) SN
2 nd Major:	-
Concentration:	If majorequirencentration, please indicate
Signature	
Student Signatur <u>e:</u>	Date:
New Academic Adviso <u>r:</u>	
OfficeoftheRegistrar ———————————————————————————————————	