

DECLARATION OR CHANGE OF MAJOR
MINOR/SPECIALIZATION/ TEACHER CERTIFICATION

Student ID: _____ Name: _____ Degree Completion Date: _____
 Cell: _____ Class Level: FR SO JR SR Transfer Student: Yes No
 Cumulative GPA: _____ Total Credits Earned: _____ Total Transfer Credits: _____
 Date: _____ Student Signature: _____

After you have obtained the necessary signatures, please return this form to the *Academic Advisement Center (S-2)*.

Current Major _____

- Declaring Major _____
 Changing Major _____
 Changing Advisor _____

PRIMARY MAJOR AREA

**If keeping current teacher certification, please indicate in the Teacher Certification area below*

- Approved Conditionally
(Less than 45 crs. or low GPA) Accepted for Major
(45 crs. or more & acceptable GPA)

NEW ASSIGNED ADVISOR _____ Signature _____
Department Chairperson/Program Director

- Declaring 2nd Major _____
 Changing 2nd Major _____
 Dropping 2nd Major _____

SECONDARY MAJOR AREA

- Approved Conditionally
(Less than 45 crs. or low GPA) Accepted for Major
(45 crs. or more & acceptable GPA)

NEW ASSIGNED ADVISOR _____ Signature _____
Department Chairperson/Program Director

- Declaring Minor/Specialization _____
 Changing Minor/Specialization _____
 Dropping Minor/Specialization _____
 Keeping Minor(s)

MINOR AREA

- Approved Conditionally
(Less than 45 crs. or low GPA) Accepted for Major
(45 crs. or more & acceptable GPA)

NEW ASSIGNED ADVISOR _____ Signature _____
Department Chairperson/Program Director

TEACHER CERTIFICATION: *Requires a cumulative GPA of 2.7 or higher prior to student teaching.*

- Inclusive Early Childhood/Childhood Major (B-6) Declaring Certification
 Adolescence (7-12) Changing Certification
 Adolescence Inclusive (7-12) Dropping Certification
 Adolescence Generalist (7-12) Keeping Current Certification
 Art Education (B-12)
 Music Education (B-12) Approved Conditionally
(Less than 45 crs. or low GPA) Accepted for Major
(45 crs. or more & acceptable GPA)

CERTIFICATION AREA

NEW ASSIGNED ADVISOR _____ Signature _____
Department Chairperson/Program Director

OFFICE USE ONLY: Received: _____ Processed: _____ Folder to be sent from: _____