

COLORADO COLLEGE

Office of the Registrar

Declaration of Major

NAME: _____ Class: (Circle One): Fr. Soph. Jr. Sr.

I.D.#: _____ Student Phone # _____ Worner Box #: _____

MAJOR DECLARING: _____ Major Concentration (if any) _____

MAJOR ADVISER: _____

(please PRINT name)

SIGNATURE

If changing advisor, signature of FORMER ADVISER: _____

Courses already completed in major:

Courses still to be taken in major:

I fully understand the departmental requirements for this major and herewith apply for acceptance.

Signature of Student

Date

Take to Chairperson of prospective major department for approval and signature, if major is inter-departmental, this MUST be signed by each department's chair.

ADMISSION GRANTED: _____

ADMISSION DENIED _____

Please list reason if denied:

Signature of Chair of Former Dept. (if dropping major)

Signature of Department Chair

Date

MAJOR
DROPPED: _____

Signature of Department Chair

Date

Signature of Department Chair

Date

Registrar's Office Use Only

Date Declared: _____

Major Code: _____

UFD: _____

Update MB: _____

Update Major: _____

Update CT: _____

Copies: _____

Department Chair: _____

Initials: _____