

## MAJOR / MINOR DECLARATION FORM

Undergraduate students may use this form to declare an official major or minor within their degree program at Washington College. Students who have previously declared may also use this form to officially modify any aspect of their degree program. This new form will supersede all previously submitted declarations, so it must be filled out in its entirety. However, department chair or program coordinator signatures are only required for any NEW major, minor or certificate program that you are adding.

### Instructions:

1. Complete the top half of this form, obtain the required signatures, and submit the form to the Registrar's Office.
2. Any changes submitted on this form will not be entered during the mid-semester advising periods.
3. The Registrar's Office will notify you, your previous advisor(s) and your new advisor(s) once your record is updated.

### A. To be filled out by the student.

|                  |                                    |                             |                          |
|------------------|------------------------------------|-----------------------------|--------------------------|
|                  |                                    |                             |                          |
| Last Name        | First Name                         | MI                          | Washington College ID#   |
|                  |                                    |                             | / /                      |
| Start Term at WC | Current Class (e.g. <i>Soph.</i> ) | Anticipated Graduation Date | Date of Birth (mm/dd/yy) |
|                  |                                    |                             |                          |
| Email Address    | Telephone Number                   | Campus Box #                |                          |

☐ **Major Declaration:** I hereby declare my degree and major(s) at Washington College to be the following:

|                                  |                                                   |                                       |
|----------------------------------|---------------------------------------------------|---------------------------------------|
|                                  |                                                   |                                       |
| Degree (e.g. <i>B.A., B.S.</i> ) | First Major ( <i>subject area or department</i> ) | Second Major ( <i>if applicable</i> ) |

☐ **Specialization/Concentration Declaration:** I hereby declare the following specialization/concentration within my major:

|                                             |                              |
|---------------------------------------------|------------------------------|
|                                             |                              |
| Major ( <i>subject area or department</i> ) | Specialization/Concentration |

☐ **Minor Declaration:** I hereby declare my minor(s) or certificate program at Washington College to be the following:

|                                    |                                       |                                      |
|------------------------------------|---------------------------------------|--------------------------------------|
|                                    |                                       |                                      |
| First Minor or Certificate Program | Second Minor ( <i>if applicable</i> ) | Third Minor ( <i>if applicable</i> ) |

|                   |      |
|-------------------|------|
|                   |      |
| Student Signature | Date |

### B. To be filled out by the department chair(s) or program coordinator for the major, minor, or certificate program.

|                                                            |                                              |      |
|------------------------------------------------------------|----------------------------------------------|------|
|                                                            |                                              |      |
| Department Chair / Program Coordinator Signature           | New Advisor Name                             | Date |
|                                                            |                                              |      |
| Second Department Chair Signature ( <i>if applicable</i> ) | Second Advisor Name ( <i>if applicable</i> ) | Date |

#### FOR OFFICE USE ONLY

Date received: \_\_\_\_\_ ☐ Hold for processing    Completed Credits: \_\_\_\_\_    Processed: \_\_\_\_\_