

Major/Minor/Concentration Declaration

Note: This form is not to be used to declare Honours.

Student Information:

| | | | |
|-------------------|---|--------------------|--|
| Last Name: | | First Name: | |
| Student #: | A | Email: | |

Instructions:

- Review all requirements for your major/minor/concentration, as indicated in the Academic Calendar.
- Bring form to the department of the subject area you are declaring as a major/minor/concentration for authorization.
- A signature is not required to drop an already declared major/minor/concentration.
- After the form is signed, return it to the Service Centre, McNally Main 108.

Bachelor of Arts (4 year, 120 credit hours):

| | | | |
|---|--|----------------------------------|--|
| Major: | | Representative Signature: | |
| Second Major: <small>(Optional)</small> | | Representative Signature: | |
| Minor: <small>(Optional)</small> | | Representative Signature: | |
| Second Minor: <small>(Optional)</small> | | Representative Signature: | |

Bachelor of Arts – Double Concentration (3 year, 90 credit hours):

If changing to a Double Concentration, the "Change of Degree or Program" form must accompany your request.

| | | | |
|-----------------------|--|----------------------------------|--|
| Concentration: | | Representative Signature: | |
| Concentration: | | Representative Signature: | |

Bachelor of Commerce:

| | | | |
|---|--|----------------------------------|--|
| Major: | | Representative Signature: | |
| Second Major: <small>(Optional)</small> | | Representative Signature: | |
| Minor: <small>(Optional)</small> | | Representative Signature: | |

Bachelor of Science (4 year, 120 credit hours):

| | | | |
|---|--|----------------------------------|--|
| Major: | | Representative Signature: | |
| Second Major: <small>(Optional)</small> | | Representative Signature: | |
| Minor: <small>(Optional)</small> | | Representative Signature: | |

Bachelor of Science – General with a Concentration (3 year, 90 credit hours):

| | | | |
|-----------------------|--|----------------------------------|--|
| Concentration: | | Representative Signature: | |
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Drop A Major/Minor/Concentration:

| | | | | | |
|-----------------|--|--------------------------------|--------------------------------|----------------------------------|--|
| Subject: | | <input type="checkbox"/> Major | <input type="checkbox"/> Minor | <input type="checkbox"/> Honours | <input type="checkbox"/> Concentration |
|-----------------|--|--------------------------------|--------------------------------|----------------------------------|--|

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

Service Centre Authorization:

| | | | | | |
|-----------------------|--|------------------------|--|----------------------|--|
| Date Received: | | Date Processed: | | Processed By: | |
|-----------------------|--|------------------------|--|----------------------|--|