



## MAJOR DECLARATION FORM

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

Class Level: \_\_\_\_\_ GPA: \_\_\_\_\_ Credits Earned: \_\_\_\_\_

Current Major: \_\_\_\_\_ Current Advisor: \_\_\_\_\_

Please place an "X" next to each action below that applies to your request:

| Action Requested:                        | Major/Concentration Name |
|--|--------------------------|
| _____ Drop Current Primary Major         | _____                    |
| _____ Drop Current Concentration         | _____                    |
| _____ Add New Primary Major              | _____                    |
| _____ Add New Concentration              | _____                    |
| _____ Drop Secondary Major               | _____                    |
| _____ Drop Secondary Major Concentration | _____                    |
| _____ Add Secondary Major Concentration  | _____                    |
| _____ Add Secondary Major                | _____                    |

Reason for Change:

### Student Confirmation:

By checking this box and typing my name below, I am electronically signing this application. This form must be forwarded to the Chair of my new major using my Cabrini University email account.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Approvals:

Please either digitally sign below or include your written approval in the email when you forward this form to [registrar@cabrini.edu](mailto:registrar@cabrini.edu).

#### Primary Major Chair Approval:

Approve: \_\_\_\_\_ Deny: \_\_\_\_\_ New Advisor: \_\_\_\_\_

Primary Major Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Secondary Major Chair Approval: if needed

Approve: \_\_\_\_\_ Deny: \_\_\_\_\_ New Advisor: \_\_\_\_\_

Secondary Major Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_