

Application for Declaration of Major

John Carroll University College of Arts and Sciences (CAS)

"Please attach a copy of your degree evaluation"

Name: _____
Cell #: _____
Email: _____

Banner ID: _____
Home #: _____

Check the department for the **major** you are declaring at this time:

_____ 1st Major _____ 2nd Major _____ 3rd Major

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Art History | <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Mathematics Teaching | <input type="checkbox"/> Physical Education and Exercise Science |
| <input type="checkbox"/> Biology | <input type="checkbox"/> English | <input type="checkbox"/> Mathematics Education | <input type="checkbox"/> Physics |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Engineering | <input type="checkbox"/> Middle Childhood Education | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Physics | <input type="checkbox"/> Multi-Age Education | <input type="checkbox"/> Political Science |
| <input type="checkbox"/> Comm. & Theatre Arts | <input type="checkbox"/> French | <input type="checkbox"/> Spanish | <input type="checkbox"/> Religious Studies |
| <input type="checkbox"/> Computer Info Systems | <input type="checkbox"/> German | <input type="checkbox"/> Philosophy | <input type="checkbox"/> Sociology |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Greek | | <input type="checkbox"/> Self-Designed |
| <input type="checkbox"/> Economics (CAS) | <input type="checkbox"/> History | | |
| | <input type="checkbox"/> Latin | | |

Anticipated Graduation Date (If unsure, please indicate an estimated date):

Circle One: December or May Year 20__

Notification and signature:

You will be notified by the academic department regarding the status of your application.
Please allow 3-4 weeks for processing by departments.

Student Signature: _____ Date: _____
Pre-Major Advisor Signature: _____ Date: _____

For Department Use Only:

Application for Declaration, College of Arts and Sciences to be processed by academic department.

Major: _____ Accepted: _____ Date: _____

Conditional Acceptance: _____ Denied: _____ Date: _____
(if applicable)

Major Advisor Assigned: _____

Department Chair Signature: _____ Date: _____

Please retain this form for your departmental records and send a copy to Academic Advising