



DECLARATION OF MAJOR AND PROGRAM

ONU ID#: _____

NAME (Last, First, Middle): _____

Student Signature _____ Date

Students participating in the Four-Year Graduation Guarantee may only declare a single Major and no Minor(s). Changing Majors within the Guarantee requires approval of the Dean of your College.

I am participating in the Four-Year Graduation Guarantee.

TEACHER LICENSURE	SPECIAL PROGRAMS			
Check this box to indicate your intent to pursue licensure	Pre-Dentistry	Pre-Law	Pre-Medical	Pre-Occupational Therapy
	Pre-Physical Therapy		Pre-Physician Assistant	Pre-Seminary
				Pre-Optometry Pre-Veterinary

CHANGE OF COLLEGE

New College: _____

Old College: _____

Dean Signature: Please sign below _____

Dean of College FROM which you are transferring _____ Date _____

<p>MAJOR 1: _____</p> <p>Concentration/ Option (1): _____</p> <p>Concentration/ Option (2): _____</p> <p><input type="checkbox"/> 3+3 Law Degree: _____</p> <p>_____ Department Signature (for Major 1) _____ Date</p> <p>_____ Department Signature (for Conc/Optn 1) _____ Date</p> <p>_____ Department Signature (for Conc/Optn 2) _____ Date</p>	<p>MAJOR 2: _____</p> <p>Concentration/ Option (1): _____</p> <p>Concentration/ Option (2): _____</p> <p><input type="checkbox"/> Dual Degree Degree: _____</p> <p>_____ Department Signature (for Major 2) _____ Date</p> <p>_____ Department Signature (for Conc/Optn 1) _____ Date</p> <p>_____ Department Signature (for Conc/Optn 2) _____ Date</p>
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<p>MINOR 1: _____</p> <p>_____ Department Signature (for Minor 1) _____ Date</p>	<p>MINOR 2: _____</p> <p>_____ Department Signature (for Minor 2) _____ Date</p>
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<p>DROP previously declared major, minor, concentration, option, or special program.</p>	<p>Major: _____ Minor: _____</p> <p>Concentration/Option: _____</p> <p>2nd Major: _____ Special Program: _____</p>
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New Anticipated
Date of Graduation: _____

Dean's Signature: _____

Continue on Four-Year Guarantee Four-Year Guarantee Voided _____ Date _____

<p>Office of Financial Aid Signature: _____</p> <p style="text-align: center;"><i>(REQUIRED FOR ALL CHANGES - EXCEPT WHEN DROPPING A MINOR OR CONCENTRATION)</i></p> <p>_____ Date _____</p>	<p>Processed by Registrar's Office</p> <p>Initials _____</p> <p>Date _____</p>
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