KLINGLER
College of Arts & Sciences
MARQUETTE UNIVERSITY

Declaration of Major Field of Study

Check all that apply. I wish to…

DECLARE: ____Primary Major ____Secondary Major

CHANGE: ____Primary Major ____Secondary Major

PERSONAL INFORMATION:

STUDENT NAME: _____ DATE: _____
Last First Middle

MU ID NUMBER: _____ CURRENT ADVISOR: _____

LOCAL PHONE NUMBER: _____ TOTAL CREDITS EARNED TO DATE: _____

LOCAL ADDRESS: _____ Term Entered Marquette: _____
Semester (Fall/Spring/Summer) and Year

_____

EXPECTED DATE OF GRADUATION: _____
Month and Year

CLASS: ____FR (0-23 hrs.) ____SO (24-59 hrs.) ____JR (60-91hrs.) ____SR (92-128 hrs.)

UNIVERSITY CLASSIFICATION

1. Are you currently enrolled in Arts and Sciences? Yes No
   a. If no, please state present College or program: _____
   b. Are you in the process of transferring into Arts and Sciences? Yes No
2. Do you wish to cancel a formerly declared major? Yes No
   a. If yes, what major do you wish to cancel? _____
3. Please list minor(s) you are pursuing at this time. If you decide to drop and/or change your minor/s in the future, please submit a *Declaration of Minor form.*

   Minor(s)_____/_____/_____/_____

Each major must be declared in the appropriate department for advisor assignment. The student is responsible for obtaining proper authorized signatures and returning this form to the Records Office for processing.

I wish my **PRIMARY MAJOR** to be: _____ Department: _____

(To be completed **only** by Primary Major department at time of Declaration)

_____ _____ _____
Assigned Advisor's Name (Last, First) Advisor's MU ID Signature of Dept. Chair or Representative

If declaring **ONLY** a **PRIMARY MAJOR**, please return this form to the Klingler College of Arts & Sciences, Marquette Hall 208.

If you wish to declare a **SECONDARY MAJOR**, take this entire form to the appropriate department.

I wish my **SECONDARY MAJOR** to be: _____ Department: _____

(To be completed **only** by Secondary Major department at time of Declaration)

_____ _____ _____
Assigned Advisor's Name (Last, First) Advisor's MU ID Signature of Dept. Chair or Representative

Return this form, with the above required signatures, to the Records Office, Marquette Hall 208. The Records Office will distribute all copies after processing.

**Student Athletes must obtain a signature from the Athletic Department: _____