



### INTENT TO DECLARE A MAJOR

I, \_\_\_\_\_ / \_\_\_\_\_  
Student Name Student Number

Intend to major in \_\_\_\_\_  
on the \_\_\_\_\_ degree.

I understand that I must sign the Major Authorization form with my faculty advisor once I have met the conditions listed below

\_\_\_\_\_  
Student's Signature Date

**To be completed by faculty advisor.**

**This student is unable to sign a major authorization form until the following condition(s) are met:**

\_\_\_\_\_

\_\_\_\_\_  
Faculty Advisor's Signature Date

**Advisor's Printed Name:** \_\_\_\_\_

Please submit this form to:  
Undergraduate Academic Services  
Warriner Hall Room 123  
Or Fax: 989-774-7252