



Print Name:
Berg ID:
Expected Graduation:

Field of Study Declaration

Please Print Clearly

Drop Field of Study

<input type="checkbox"/> Drop Undeclared Status	_____	_____	_____
		Current Advisor Signature	Date
<input type="checkbox"/> Drop Major	_____	_____	_____
<input type="checkbox"/> Drop Minor	Field of Study	Current Advisor Signature	Date
<input type="checkbox"/> Drop Major	_____	_____	_____
<input type="checkbox"/> Drop Minor	Field of Study	Current Advisor Signature	Date

Add Field of Study

<input type="checkbox"/> Add Major	_____	_____	_____
	Field of Study	Concentration	Date
<input type="checkbox"/> Add Minor	_____	_____	_____
	Department Chair Signature	Name of Student's New Advisor	
<input type="checkbox"/> Add Major	_____	_____	_____
	Field of Study	Concentration	Date
<input type="checkbox"/> Add Minor	_____	_____	_____
	Department Chair Signature	Name of Student's New Advisor	
<input type="checkbox"/> Add Major	_____	_____	_____
	Field of Study	Concentration	Date
<input type="checkbox"/> Add Minor	_____	_____	_____
	Department Chair Signature	Name of Student's New Advisor	

The Field of Study I will now pursue is: (Please note that you can only choose from one of the following):

<input type="checkbox"/> Single Major	_____	_____
	Major	
<input type="checkbox"/> Single Major & Single Minor	_____	_____
	Major	Minor
<input type="checkbox"/> Single Major & Double Minor	_____	_____
	Major	Minor
		Minor
<input type="checkbox"/> Double Major	_____	_____
	Major	Major

_____	_____
Student Signature	Date

You are responsible for meeting all degree requirements in your new field of study.

Reg Office Only: Initial & Date
