

AFRICAN AMERICAN AND AFRICAN STUDIES

Program Declaration Form

Please email to v1bunch@odu.edu

University ID Number {UID}: _____ Name _____

Status: ☐ Undergraduate (01) ☐ Graduate (02)

Current Address _____ Daytime Phone #: _____

City, State Zip _____ Email _____

Major Program _____ Degree: ___ BS ___ BA ___ MA

Catalog Year _____ Advisor Assigned: _____

2nd Major _____ Degree: ___ BS ___ BA ___ MA

Approval _____ Date: __/__/__

2nd Degree _____ Degree: ___ BS ___ BA ___ MA

Approval _____ Date: __/__/__

(2nd major or 2nd degree must be approved by the Director)

Minor Program **African American and African Studies** Date: __/__/__

Cluster _____ Date: __/__/__

Certificate _____ Date: __/__/__

If this is a change of major, list former major and advisor.

Former Major

Former Advisor

Student Signature _____ Date: __/__/__

Data entry date Date: __/__/__ Entered by: _____