SOCIOLOGY AND CRIMINAL JUSTICE DEPARTMENT

Program Declaration Form

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 CDA/GPD or Chair of Department)

Minor Program   _____ 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: _____