MAJOR/MINOR DECLARATION FORM

Name:                                                                 ID#: __________________________

last first middle                                                                 Date: __________________________

Address:                                                                 Phone: __________________________

________________________________________

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________________________________________

COMPLETE ONLY THE APPLICABLE SECTION(S) AND SIGN THE BOTTOM OF THE FORM.
RETURN TO YOUR CENTER COORDINATOR OR TO THE REGISTRAR’S OFFICE.

DEGREES:

Tift College of Education: □ BSED
School of Business: □ BBA
Penfield College: □ BSSS □ BAS □ BA □ BS

A. INITIAL DECLARATION OF MAJOR/MINOR

MAJOR: __________________________________________________________
MINOR: __________________________________________________________

Concentrations: ___________________ and ___________________
( for INDV & MIGR majors only)

B. DECLARATION OF SECOND (ADDITIONAL) MAJOR OR MINOR OR DEGREE*

MAJOR/DEGREE: __________________________________________________
MINOR: __________________________________________________________

Concentrations: ___________________ and ___________________
( for INDV & MIGR majors only)

*Please refer to catalog for specific requirements for completion of second degree.

C. CHANGE OF MAJOR/MINOR

PREVIOUS MAJOR: _______________________________________________
MINOR: _________________________________________________________

NEW MAJOR: ___________________________________________________
NEW MINOR: ___________________________________________________

D. CHANGE OF PROGRAM OR COLLEGE

PREVIOUS PROGRAM: ____________________________________________
MINOR: _______________________________________________________

NEW PROGRAM: _________________________________________________
NEW MINOR: ___________________________________________________

Concentrations: ___________________ and ___________________
( for INDV & MIGR majors only)

Program Director Signature: __________________________
Date: __________________________

Approval needed for change of program to or from Regional Academic Centers

I understand that it is my responsibility to familiarize myself with department and University requirements regarding general education and the declared major/minor as they apply to graduation from Mercer University.

Student’s Signature: __________________________
Date: __________________________

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OFFICE USE ONLY:

Processed By __________________________
Date: __________________________

Worksheet Sent: __________________________
Date: __________________________