

DECLARATION OF ADDITIONAL: SPECIALIZATION/CERTIFICATE/MINOR/+PLUS PATHWAYS

NAME: _____ DATE: _____ STUDENT ATHLETE: ☐ YES ☐ NO

STUDENT ID NUMBER: _____ ANTICIPATED GRADUATION: _____

(mm/yyyy)

MAJOR _____ SPECIALIZATION (IF APPLICABLE) _____

PLEASE CHECK DESIRED DECLARATION

I WISH TO COMPLETE AN ADDITIONAL ☐ CERTIFICATE ☐ MINOR ☐ +PLUS PATHWAYS IN _____

THROUGH THE DEPARTMENT OF _____

Sponsoring Academic Department

****If you are a STUDENT ATHLETE this form will not be processed unless signed by the Student-Athlete Academic Support Services Coordinator****

Signature of Student

Signature of Academic Advisor

Signature of Chairperson/Program Director
in Sponsoring Department

Signature of Student-Athlete Academic
Support Services Coordinator

For use by the Office of the Registrar:

Form received on _____

By _____

Form evaluated on _____

By _____