

Last Name _____

First name _____

Expected Graduation Date _____

Student ID # _____

 Class Standing: FY SO JR SR

 I am: Declaring first major Declaring second major Changing/canceling a major Changing advisor only

College of Liberal Arts:

- Actuarial Science
- Africana Studies
- Anthropology
- Art (History)
- Art (Studio)
- Asian Studies
- Biochemistry
- Biology
- Cellular and Molecular Biology
- Chemistry
- Chinese Studies
- Classical Civilization
- Communication
- Computer Science
- Earth Sciences
- Economics
- Education Studies
- English (Writing)
- English (Literature)
- Environmental Biology
- Environmental Geoscience
- Film Studies
- Geology
- German Studies
- Global French Studies

- Global Health
- Greek
- Hispanic Studies
- History
- Independent Interdisciplinary
(Proposal and application required)
- Italian Cultural Studies
- Japanese Studies
- Kinesiology
- Latin
- Mathematics
- Music (CLA)
- Neuroscience
- Peace and Conflict Studies
- Philosophy
- Physics
- Political Science
- Pre-engineering
- Psychology
- Religious Studies
- Romance Languages
- Sociology
- Theatre
- Women's, Gender, and Sexuality Studies
- _____

School of Music:

Primary instrument _____

Bachelor of Music (B.M.)

- Performance
- Performance with a Second Major
- Performance with an Emphasis in Business

Bachelor of Musical Arts (B.M.A.)

- General Music Emphasis
- With a Second Major
- Emphasis in Business

Bachelor of Music Education (B.M.E.)

- Choral/General Music Emphasis
- Instrumental General Music Emphasis

Five-Year Bachelor of Music/Bachelor of Arts Double Degree Program (B.M./B.A.)
(Application required)

I understand the requirements for the major indicated above and have discussed these requirements with my academic advisor. I understand that I am responsible for tracking my progress to ensure that I meet all major and degree requirements, and that I must consult with my advisor on a regular basis.

Student Signature: _____ **Date:** _____

Advisor Name Printed: _____

 I have reviewed the student's academic advising transcript. Required.

Advisor Signature: _____ **Date:** _____

Chair/Program Director Signature: _____ **Date:** _____