Application for Declaration of Major

John Carroll University College of Arts and Sciences (CAS)

Please attach a copy of your degree evaluation

Name:	
Phone #:	

Banner ID:	
Email:	

Check the department and *major* you are declaring at this time: $\Box 1^{st}$ Major; $\Box 2^{nd}$ Major; \Box Interdisciplinary Major*

	BACHELOR OF ARTS OR BACHELO	R OF AR	TS IN CLASSICS		Sports Studies
	Art History		International Business with		Theology & Religious Studies
	Classics		Language & Culture*		Women's and Gender Studies*
	Classical Languages		Mathematics Teaching		World Literature*
	Classical Studies		Modern Languages		BACHELOR OF SCIENCE
	Communication & Theatre Arts		🛙 French		Biology
	Integrated Marketing		🗖 Spanish		Cell & Molecular Biology
	🗇 Journalism		Peace, Justice & Human Rights*		Chemistry
	Persuasive & Relational Comm.		Philosophy		□ Biochemistry
	🗇 Theater		History of Philosophy		□ Comprehensive Chemistry
	🗇 Visual Media		☐ Critical Social Philosophy		□ General Chemistry
	East Asian Studies*		☐ Philosophy, Law & Politics		Computer Information Systems
	Economics (CAS)		☐ Health, Ethics, & Science		Computer Science
	Education		Physical Education		Economics
	Early Childhood		Physics		Environmental Science
	Middle Childhood		Political Science		Engineering Physics
	🗇 Multi-Age (contact ED. Dept)		□ Law & Society		Mathematics
	Adol/Young Adult (contact ED. I	Dept.)	☐ Global & Foreign Area Studies		Psychological Science
	English		Methods & Spatial Analysis		Child & Family Studies
	□ Literature		Self-Designed Major		□ Eating Disorders
	Creative Writing		Sociology & Criminology		Forensic Psychology
	Professional Writing		□ Criminology		□ Industrial/Organizational Psychology
	Exercise Science		Cultural Diversity		Mental Health Services
	History		Human Service, Health,		Psychology & Sports Sciences
	Humanities*		& Social Justice		Self-Designed Major
Anti	cipated Graduation Date (If unsure,	please in	ndicate an estimated date):	mber,	, 20or □May, 20or □Aug 20
Stud	ent Signature:	^	Date:		
Pre-	Major Advisor Signature:				
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<i>For Declaring Department Use Only:</i>					
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Maj	or:		Accepted:		Date:

Major Advisor Assigned: (Please deactivate previous interest and advisor)

Chair Signature:	Date:
	Date:

Conditional Acceptance (if applicable): _____ Denied: _____ Date: _____

Please retain the original form for your departmental records and record all changes in Banner.

Revised Fall 2014