Application for Declaration of MajorJohn Carroll University College of Arts and Sciences (CAS) Please attach a copy of your degree evaluation

Name: Phone #:				Banner ID: Email:	
	ne department and <i>major</i> you are dering a minor or concentration,				ajor; □ Interdisciplinary Major*
	BACHELOR OF ARTS OR BACHELO				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		\square Eating Disorders
	☐ Creative Writing		Sociology & Criminology		☐ Forensic Psychology
	☐ Professional Writing		☐ Criminology		☐ Industrial/Organizational Psycholo
	Exercise Science		☐ Cultural Diversity		☐ Mental Health Services
	History		☐ Human Service, Health,		☐ Psychology & Sports Sciences
	Humanities*		& Social Justice		Self-Designed Major
	•	•			, 20or □May, 20or □Aug 20
Stud	ent Signature:		Date:		
Pre-l	Major Advisor Signature:				
	**************************************			****	**********
<u> </u>	<u>r Declaring Department</u>	Ose	Onty.		
Majo	or:		Accepted:		Date:
Cond	ditional Acceptance (if applicable):		Denied:	-	Date:
Majo	or Advisor Assigned:		(Pleas	e dea	activate previous interest and advisor)
Chai	r Signature:		Date:		

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