Declaration of Major Form
For all majors except BS in Business School Programs

_________________________________________  ________________________________
Student ID #  Date

_________________________________________
Full Name

_________________________________________  ________________________________
Email Address  Cell Phone #

_________________________________________
Major/s to Declare:

_________________________________________
Major/s to Drop:

_________________________________________
Minor/s or Certificates to Declare:

_________________________________________
Minor/s or Certificates to Drop:

_________________________________________
Degree Sought:  ○ BA  ○ BS  Are you in the Honors Program?  ○ Yes  ○ No

Cumulative SLU Grade Point Average:  __________________  Total Hours Earned:  ______________

Expected Graduation Date:  __________________

_________________________________________  ________________________________
Student Signature  Date

(For office use only)

Accept  ○  Reject  ○  Conditional  ○

Comments:  __________________________________________

_________________________________________  ________________________________
Academic Advisor Signature  Date

(Please return to Office of the Registrar)