Declaration of Major Form
For all majors except BSBA: IB Concentration

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: ____________________________

_______________________________________________________ Date __________________________

(For office use only)

Accept ☐  Reject ☐  Conditional ☐
Comments: __________________________________________________________

_______________________________________________________ Date __________________________

Academic Advisor Signature ____________________________________________ Date ____________

(Please return to Office of the Registrar)