

BREVARD COLLEGE

DECLARATION/CHANGE OF MAJOR FORM

Return completed form to the Office of the Registrar, Beam Administration Building

Name: _____ BCID#: _____

Last First Middle

Declaring NEW MAJOR:
 Degree: BA BS
 Major: _____

 Concentration/Emphasis 1 (if applicable)

 Concentration/Emphasis 2 (if applicable)

 Catalog Year _____
 Read and answer the following question (if applicable).
 1. Are you a student athlete? Yes No
 If Yes, student must obtain the signature of the
 Director of Compliance:
 _____ Date _____
 Director of Compliance

CHANGE OF MAJOR:
 Current Major: _____

 Concentration/Emphasis 1 (if applicable)

 Concentration/Emphasis 2 (if applicable)
CHANGE OF MAJOR: Degree: BA BS
 Change to: _____

 Concentration/Emphasis 1 (if applicable)

 Concentration/Emphasis 2 (if applicable)
 1. Are you a student athlete? Yes No
 If Yes, student must obtain the signature of the Director of
 Compliance:
 _____ Date _____
 Director of Compliance

Current Advisor Name: _____ Date: ____/____/____

Division Chair (New Major) Signature: _____ Date: ____/____/____

Assigned Advisor in Major Field: _____

Declaration of Second Major: Second Major (within same degree): Student must complete all requirements for the major and understand that at least 15 credits must be completed in each major than cannot be duplicated in the other major. See also specific major requirements (i.e. student cannot major in Biology and Environmental Science). A detailed program of study for both majors and authorized signatures from the Division Chair or Major Coordinator are required in order to declare a second major. Students should also review financial aid policies concerning double majors.

Second Major (see details above) _____

Division Chair or Major Coordinator for Second Major Signature

Second Major Concentration/Emphasis (if applicable) _____

Delete my Second Major

Declaration/Change of Minor: _____ Is this a New or Second Minor Delete Minor _____

Advisor Signature: _____ Date: ____/____/____

I authorize Brevard College to change my major and/or minor as noted above. By changing my major, I acknowledge that any courses earned previously may not apply towards the new major and could delay the anticipated graduation date. I also understand that if the request is made after the last day of schedule adjustment for a term, it will be processed for the next term.

Date: ____/____/____

Student Signature

OFFICE USE ONLY
 Date Received in the Office of the Registrar: _____ Date Processed: _____
 Notified: _____ Advisor _____ Division Chair _____ Student _____