

DECLARATION OF MAJOR/MINOR FORM

Eastern Michigan University

Please return one copy of this form to:

Academic Advising Center
301 Pierce

And one copy to:

COE Office of Academic Services
206 Porter Building

Date: _____

Student Name: _____

Student Number: _____

Please check the appropriate information below:

- Undergraduate Second Bachelor
 Post-Baccalaureate Certification

Local Address: _____

(Number/Street)

_____ City

_____ State/Zip

(Include Area of Concentration, if any, in Majors and Minors)

MAJOR: _____

MAJOR: _____

MAJOR: _____

MINOR: _____

MINOR: _____

MINOR: _____

OFFICE USE ONLY

Major Codes

1: _____

2: _____

3: _____

Minor Codes:

1: _____

2: _____

Advisor Code

1: _____

2: _____

3: _____

3: _____