

HOW TO COMPLETE THIS FORM

Fill out and save and send completed form to: registrar@coloradocollege.edu

Office of the Registrar		Declaration of Major				
Name:		Class: _	Fr	Soph.	Jr.	Sr.
CC Student ID #:	Student Phone #:			-		
Student Email:						
MAJOR:	 					
MAJOR ADVISOR:(Please Print Name)						
(Please Print Name)	Ad	lvisor Signatuı	·e			
f changing advisor, name of FORMER ADVISEI	R:					
Please send a courtesy email to your former advis	sor to let them know of the change)				
Require- Courses already completed in major:	Required- Co	ourses still to b	e taken i	n major: *		
Use "none" for lines not needed						
The formation with the second						
•	s for this major and herewith appl	y for acceptan	ce.			
fully understand the departmental requirements		-				
I fully understand the departmental requirements Student Signature	Date					
fully understand the departmental requirements Student Signature The Chairperson of your prospective major is inter-departmental please registrar@coloradocollege.edu.	Date	a signature c nent chairpe	of appro	oval. end approv	val by e	mail to
fully understand the departmental requirements Student Signature The Chairperson of your prospective major is inter-departmental please registrar@coloradocollege.edu. Admission Denied Reason for Denied	Date or department must provide a have each additional departm	a signature onent chairpe	of appro	oval. end approv	val by e	mail to