

# DECLARATION OF MAJOR/MINOR/CONCENTRATION FACULTY OF ARTS

Surname _____	Given Name(s) _____	Student <b>A</b>
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## INSTRUCTIONS FOR DECLARING A MAJOR/MINOR/CONCENTRATION

This form is to be signed by the Chairperson/Subject Area Representative/Director of the academic unit in which you are declaring your major/minor/concentration. The Service Centre will **NOT** accept any forms without the appropriate signature(s).

Please indicate whether this major/minor/concentration will be replacing an existing one. This will expedite the processing of your request.

Once the form has been completed and signed, please return to the Service Centre.

**\*\*THE SERVICE CENTRE WILL COMMUNICATE WITH YOU REGARDING ANY PROBLEMS WITH YOUR APPLICATION USING EITHER THE ADDRESS, TELEPHONE, OR EMAIL PROVIDED ON SELF SERVICE BANNER. PLEASE ENSURE YOUR CONTACT INFORMATION IS UP TO DATE**

<b>BACHELOR OF ARTS (4 years-120 credit hours)</b>	
1. _____ Major	_____ Signature of Academic Representative
2. _____ Second Major (optional)	_____ Signature of Academic Representative
3. _____ Minor (optional)	_____ Signature of Academic Representative
4. _____ Second Minor (see Academic Regulation 14d(i))	_____ Signature of Academic Representative
	_____ Signature of the Dean
<p><b>BACHELOR OF ARTS (3 YEARS- 90 credit hours) – If you are changing into a BA DC the Change of Faculty Form must also be accompanied with this form.</b></p> <p style="text-align: center;">Double Arts Concentration</p>	
(a) _____ *	_____ Signature of Academic Representative
(b) _____ *	_____ Signature of Academic Representative
*Please note that both concentrations must be declared at the same time.	

I have reviewed and understand the requirements for this academic programme(s) as outlined in the *Academic Calendar*.

## DROPPING AN ALREADY DECLARED MAJOR/MINOR

I wish to drop\* \_\_\_\_\_ as a \_\_\_\_\_  
(SUBJECT) (MAJOR/MINOR/CONCENTRATION)

\*The signature of an Academic Representative is **NOT** required for dropping a major/minor/concentration.

**IT IS THE STUDENT'S RESPONSIBILITY TO RETURN THIS FORM WITH THE APPROPRIATE SIGNATURES TO THE SERVICE CENTRE**

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

### FOR SERVICE CENTRE USE ONLY

Date Received \_\_\_\_\_ Received By \_\_\_\_\_ Computer Updated \_\_\_\_\_