

ACADEMIC MAJOR APPLICATION FORM

NAME:	I.D.#	DATE:
	or in the academic program(s) identifie record in order to determine the status	ed below, and grant permission to the appropriate University of my application.
	STUDENT SIGNATUR	RE:
CHECK APPROPRIATE	ACADEMIC PROGRAM(S):	
☐ Emphasis 2: Jo ☐ Emphasis 3: St ☐ Emphasis 4: G ☐ Emphasis 5: N ☐ Emphasis 6: St ☐ Emphasis 6: St ☐ TO BE COMPLETED BY TO TOTAL CREDITS COMPLETED	ab. Science Education Certificate (check one) In Resources ational Business (ce gital Media (check one) (oduction/Digital Broadcasting (urnalism) (rategic Communication (raphic Design/Visual Comm. (ew and Social Media (oorts Communication (FEREGISTRAR) (ED (Including Transfer Credits But F	Computer Information Systems Criminal Justice Early Elementary & Special Ed (PK-8 Certificate English English w/Secondary Teacher Cert. Liberal Arts Marketing Nursing Political Science Political Science Political Science w/Secondary Teacher Certificate Psychology Social Work Sport Management Excluding Developmental Courses):
Registrar's Staff Signature		Date
TO BE COMPLETED BY DEAPPLICATION TO MAJOR	•	() Yes () No
NEW ADVISOR ASSIGNMI	ENT:	
Division Dean's Signature		

Revised: 2016