



OFFICE OF THE REGISTRAR
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FOR OFFICE USE ONLY	
Date Received:	
Processed By Date:	

DECLARATION/CHANGE OF MINOR FORM

PLEASE PRINT: _____
NAME (Last) (First) (Middle)

SOCIAL SECURITY NUMBER: _____

TERM: _____ YEAR: _____

- FRESHMAN
- SOPHOMORE
- JUNIOR
- SENIOR

PRESENT CURRICULUM INFORMATION	REQUEST SECOND MAJOR
Degree:	Degree:
Program:	Program:
Major:	Second Major:
Minor:	

I have read the pertinent catalog policy on declaration of second major. I have consulted with my major faculty advisor. I understand that the responsibility for fulfilling all requirements for majors rest with the student.

SIGNATURE OF STUDENT: _____ DATE: _____

Address _____ city _____ State _____ Zip _____

Mailbox Number _____ Telephone Number _____

ACADEMIC DEPARTMENTAL USE ONLY

COURSES FOR:	<input type="radio"/> SECOND MAJOR

Note: One of the two declared majors will require at least 18 additional credits beyond the credits required for the other major

Signature of the Primary Major Department Chair _____ Date: _____

Signature of the Department Chair _____ Date: _____

RETURN THE COMPLETED FORM TO THE OFFICE OF THE REGISTRAR FOR PROCESSING AND DISTRIBUTION

DISTRIBUTION: WHITE–Registrar **YELLOW**–Department of Minor **PINK**–Student