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**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

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**DECLARATION OF A SECOND MAJOR**PLEASE PRINT: \_\_\_\_\_  
NAME (Last) (First) (Middle)

- ☐ FRESHMAN  
☐ SOPHOMORE  
☐ JUNIOR  
☐ SENIOR

SOCIAL SECURITY NUMBER: \_\_\_\_\_

TERM: \_\_\_\_\_ YEAR: \_\_\_\_\_

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