



WALSH
UNIVERSITY
A Catholic University of Distinction

Office of the Registrar
2020 East Maple St.
North Canton, Ohio 44720-3336
Phone: 330.490.7367
Fax: 330.490.7372
Email: registrar@walsh.edu

FOR OFFICE USE ONLY

Date Received:	
Processed By:	

DECLARATION OF A SECOND MAJOR

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

STUDENT ID/SSN: _____

TERM: _____ YEAR: _____

SIGNATURE OF STUDENT: _____ DATE: _____

Address _____ City _____ State _____ Zip _____

Walsh Email Address _____ Telephone Number _____

- FRESHMAN
- SOPHOMORE
- JUNIOR
- SENIOR

CURRENT CURRICULUM INFORMATION	REQUESTED SECOND MAJOR
Degree:	Degree:
Program:	Program:
Major:	Second Major:
Minor:	

I have read the pertinent catalog policy on declaration of a 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.

ACADEMIC DEPARTMENTAL USE ONLY

COURSES FOR:	<input type="checkbox"/> 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: _____
of requested Second Major

RETURN THE COMPLETED FORM TO THE OFFICE OF THE REGISTRAR FOR PROCESSING AND DISTRIBUTION
DISTRIBUTION: WHITE—Registrar YELLOW—Student