



WILKES UNIVERSITY

REGISTRAR

(mail) 84 West South Street | Wilkes-Barre PA 18766

(office) Capin Hall | 165 South Franklin Street | Wilkes-Barre PA 18766

1-800-WILKES-U, x4961 (T) 570-408-4004 (F) registrar@wilkes.edu

INTEGRATIVE MEDIA, ART, & DESIGN DDMA - DECLARATION OF COGNATE *MINOR*

**THIS COMPLETED FORM MUST BE
RETURNED TO THE REGISTRAR'S OFFICE TO BECOME EFFECTIVE.**

Name (*Please print.*) _____ WIN _____

It is my intention to pursue a course(s) of study leading to the following:

- _____ **ART**
- _____ **BUSINESS ADMINISTRATION**
- _____ **COMMUNICATION STUDIES**
- _____ **COMPUTER SCIENCE**
- _____ **ENGLISH**
- _____ **ENTREPRENEURSHIP**
- _____ **GAMING AND EMERGENT TECHNOLOGY**
- _____ **MARKETING**
- _____ **THEATER ARTS (ACTING & DIRECTING)**
- _____ **THEATER ARTS (THEATER DESIGN)**

Student Signature

Date

IMAD Advisor/Chair Signature

Date

cc: Advisor