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DECLARATION OF MAJOR

**THIS COMPLETED FORM MUST BE RETURNED TO UNIVERSITY COLLEGE
(2ND FLOOR, CONYNGHAM HALL RM #215) TO BECOME EFFECTIVE**

Name (*Please print.*) _____ WIN _____

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

Major 1

Department Chair Signature
(*of department that supervises this course of study*)

Major 2

Department Chair Signature
(*of department that supervises this course of study*)

New Advisor's Name (per department)

Undeclared (Current) Advisor Signature

Date

Student Signature

Date

cc: Advisor