

MAJOR DECLARATION

Occidental College

Office of the Registrar

Student Name- *PRINT NAME*

ID Number

Email Address

SELECT ACTION:

DECLARING MAJOR

ADDITIONAL MAJOR

CHANGING MAJOR

DROPPING MAJOR

MAJOR

CONCENTRATION (if applicable)

Class Level (Check One):

Fr

So

Jr

Sr

OFFICE USE ONLY

Department Chair Name – *PRINT NAME*

Signature

Date

Major Dept. Advisor Name-*PRINT NAME*

Signature

Date

Former Advisor Name-*PRINT NAME* (Will be notified)

Student Signature

Date