DECLARATION OF MAJOR/MINOR

Salem College Registrar Office Lehman Hall registrar@salem.edu *Phone:* (336) 721-2670



ID 4.

Today's Date:

Major/Mino	r approval is granted by	designated faculty me	mbers in each area of study	. To declare a major/minor,	, visit the department and n	neet with the
	rolovant individual(c) t	a fill out this document	Once completed and signer	I roturn this form to the Dog	sictrar's Office (Lohman Hall)	

Name:			וט#:							
Last Name	First Name	Middle								
Planned Graduation Month and Year:										
Name of Major(s)			Signature of Faculty Advisor							
1.	BA Add	BS Drop								
Concentration (if applicable):										
2.	BA Add	BS Drop								
Concentration (if applicable):										
Name of Minor(s)			Signature of Faculty Advisor							
1.	Add	Drop								
2.	Add	Drop								
Program Director Signature(s)										
Program Director Signature 1st Major/	<u>'Minor</u> :		Date:							
Program Director Signature 2nd Major/	<u>'Minor:</u>		Date:							
<u>Student Signature</u> :			Date:							