



# Declaration/Change of Undergraduate Program/College/Major/Minor/Concentration

This form is NOT to be used for Second Degree, Dual Degree, or Unclassified students seeking a Second Major.

Office of the Registrar  
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390 Student Center Circle  
Mobile, AL 36688  
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Fax: (251) 460-6123

Email: [programchanges@southalabama.edu](mailto:programchanges@southalabama.edu)

## TO BE COMPLETED BY STUDENT

Student Name (Please Print): \_\_\_\_\_  
Last First Middle

Student Number: J00 \_\_\_\_\_

- Complete Parts I and II to declare or change your program/college/major(s)/minor(s)/concentration(s).
- Deliver major change form to your **new** Major Department for processing.

### PART I

I am currently enrolled in:

College: \_\_\_\_\_

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Concentration 1: \_\_\_\_\_

Concentration 2: \_\_\_\_\_

### DOUBLE MAJORS/MINORS ONLY

2<sup>nd</sup> College: \_\_\_\_\_

2<sup>nd</sup> Major: \_\_\_\_\_

2<sup>nd</sup> Minor: \_\_\_\_\_

Concentration 1: \_\_\_\_\_

Concentration 2: \_\_\_\_\_

I wish to declare/change to:

College: \_\_\_\_\_

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Concentration 1: \_\_\_\_\_

Concentration 2: \_\_\_\_\_

### DOUBLE MAJORS/MINORS ONLY

2<sup>nd</sup> College: \_\_\_\_\_

2<sup>nd</sup> Major: \_\_\_\_\_

2<sup>nd</sup> Minor: \_\_\_\_\_

Concentration 1: \_\_\_\_\_

Concentration 2: \_\_\_\_\_

### PART II

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## TO BE COMPLETED BY NEW MAJOR DEPARTMENT

Student Number: J00 \_\_\_\_\_

Catalog Term: 202 \_\_\_\_\_

Effective Term: 202 \_\_\_\_\_

### FIRST MAJOR CODES

College: \_\_\_\_\_

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Concentration 1: \_\_\_\_\_

Concentration 2: \_\_\_\_\_

ATTRIBUTE  ADD: \_\_\_\_\_

### DOUBLE MAJOR CODES

College: \_\_\_\_\_

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Concentration 1: \_\_\_\_\_

Concentration 2: \_\_\_\_\_

DELETE: \_\_\_\_\_

*If this is a professional licensure program, check to see if the student is located in a state where the program **does not meet** the requirements for licensure. Visit <https://www.southalabama.edu/departments/institutionaleffectiveness/stateauthorizations.html> for more information.* Initials of reviewer: \_\_\_\_\_

Department Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Additional Instructions (Department Use Only)*

Registrar's Office Signature: \_\_\_\_\_

Date: \_\_\_\_\_