

DECLARATION OF MAJOR/ADVISOR FORM

First Name MI Last Name ID # or SSN
(please print)

_____ Challenge Curriculum _____ Challenge 2.0 Curriculum

Anticipated Graduation Date: _____

First-Year _____ Sophomore _____ Junior _____ Senior _____

My Current advisor is _____. (please print)

Student Signature Date

I would like to **declare a major** in _____ from catalog year _____.

Major Advisor Name (please print) Major Advisor Signature

M
A I would like to **declare a second major** in _____ from catalog year _____.

J
O
R _____
Major Advisor Name (please print) Major Advisor Signature

I would like to **drop my major** in _____.

A
D I would like to continue my major in _____, but wish to **change my advisor** to:

V
I
S
O _____
Advisor Name (please print) Department Advisor Signature
R

Questions about the form or the process? Visit our office, email registrar@gustavus.edu or call 507-933-7495.

Return this completed form to the Registrar's Office located in the Carlson Administration Building, 2nd Floor.
Office hours are M-F, 8:00 – 4:30.

Processed By (initials): _____ Date: _____

Updated 2.21.24 DMS