DECLARATION OF MAJOR/MINOR/ADVISOR FORM

First Name (please print)	MI	Last Name	ID # or SSN		
First-Year	Sophomore	Junior	Senior		
My Current advi (please print)	isor is				
Student Signature			Date		
*******	**********	*********	*************		
I would like to d	leclare a major in	f	from catalog year (e.g. 2023-2024)		
Major A	Advisor Name (please print)	Major Adv	visor Signature		
I would like to d	leclare a second major in	:	from catalog year (e.g. 2023-2024)		
Major A	Advisor Name (please print)	Major Adv	visor Signature		
I would like to	drop my major in				
******	*********	*******	************		
I would like to c	continue my major in		, but wish to change my advisor t		
Major A	Advisor Name (please print)	Major Adv	visor Signature		
******	********	********	************		
ons about the form	n or the process? Visit our	office, email <u>registrar@g</u>	<u>gustavus.edu</u> or call 507-933-7495.		
this completed for hours are M-F, 8:		e located in the Carlson A	Administration Building, 2 nd Floor.		
sed By (initials):		Date:	Updated 4.3.24		