



OFFICE OF THE REGISTRAR
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Date Received:

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DECLARATION/CHANGE OF MAJOR FORM

PLEASE PRINT: _____
NAME (Last) (First) (Middle)

SOCIAL SECURITY NUMBER: _____

TERM: _____ YEAR: _____

- ☐ FRESHMAN
☐ SOPHOMORE
☐ JUNIOR
☐ SENIOR

PRESENT CURRICULUM INFORMATION	REQUEST SECOND MAJOR
Degree:	Degree:
Program:	Program:
Major:	Second Major:
Minor:	

I have read the pertinent catalog policy on declaration of second major. I have consulted with my major faculty advisor. I understand that the responsibility for fulfilling all requirements for majors rest with the student.

SIGNATURE OF STUDENT: _____ DATE: _____

Address _____ city _____ State _____ Zip _____

Mailbox Number _____ Telephone Number _____

ACADEMIC DEPARTMENTAL USE ONLY

COURSES FOR:	<input type="radio"/> SECOND MAJOR

Note: One of the two declared majors will require at least 18 additional credits beyond the credits required for the other major

Signature of the Primary Major Department Chair _____ Date: _____

Signature of the Department Chair _____ Date: _____

RETURN THE COMPLETED FORM TO THE OFFICE OF THE REGISTRAR FOR PROCESSING AND DISTRIBUTION

DISTRIBUTION: WHITE—Registrar YELLOW—Department of Minor PINK—Student