

AFRICAN AMERICAN AND AFRICAN STUDIES

Program Declaration Form

University ID Number {UID}: _____ Name _____

Status: Undergraduate (01) Graduate (02)

Current Address _____ Daytime Phone #: _____

City, State Zip _____ Email _____

Major Program _____ Degree: ___ BS ___ BA ___ MA

Catalog Year _____ Advisor Assigned: _____

2nd Major _____ Degree: ___ BS ___ BA ___ MA

Approval _____ Date: ___/___/___

2nd Degree _____ Degree: ___ BS ___ BA ___ MA

Approval _____ Date: ___/___/___

(2nd major or 2nd degree must be approved by CDA/GPD or Chair of Department)

Minor Program _____ Date: ___/___/___

Cluster _____ Date: ___/___/___

Certificate _____ Date: ___/___/___

If this is a change of major, list former major and advisor.

Former Major

Former Advisor

Student Signature _____ Date: ___/___/___

Data entry date Date: ___/___/___ Entered by: _____