



Declaration of Major, Minor, Concentration & Catalog Year

STUDENT NAME: \_\_\_\_\_  
(First Name, Last Name)

T# \_\_\_\_\_

- Change of curriculum requests will be subject to all requirements and enrollment restrictions of the college/school and department which the proposed new major is located. Review the TSU catalog to see if your major requires a minor and/or concentration.
Change requests made after the Census Date will be processed for the following semester/term.
Students cannot: (1) move to an older catalog term in which they were previously enrolled, (2) move to an expired catalog year.
Any students declared in expired catalog years will be moved to the next available active catalog year.
This form must be signed and submitted to the Office of the Registrar in person with valid ID or via student/staff TSU email address.
Special populations, such as student athletes and International students must have an additional signature before curriculum changes will be processed.

Are you a student-athlete? \_\_\_ Yes \_\_\_ No
Are you an International student? \_\_\_ Yes \_\_\_ No

CHANGE REQUEST:

Change of Major Current Major: \_\_\_\_\_ Double Major: \_\_\_\_\_
New Major: \_\_\_\_\_
Change of Minor Current Minor: \_\_\_\_\_
New Minor: \_\_\_\_\_
Change of Concentration Current Concentration: \_\_\_\_\_
New Concentration: \_\_\_\_\_
Change Catalog Year Current Catalog Year: \_\_\_\_\_
New Catalog Year: \_\_\_\_\_

Are you seeking Teacher Certification along with your major? \_\_\_ Yes \_\_\_ No

SIGNATURES:

(Only college/school academic advisors and department chairs may sign)

Student: \_\_\_\_\_ Date: \_\_\_\_\_
Current Major Advisor: \_\_\_\_\_ Date: \_\_\_\_\_
New Major Advisor: \_\_\_\_\_ Date: \_\_\_\_\_
Current Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_
New Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_
New Minor Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_
Second Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_
(Required for double major students)
International Counselor: \_\_\_\_\_ Date: \_\_\_\_\_
(Required for International students)
Athletics Advisor/Director of Compliance: \_\_\_\_\_ Date: \_\_\_\_\_
(Required for all student athletes)