

Major Plan

INSTRUCTIONS: Written signatures are required on this form. You may complete the form online, then print and obtain signatures prior to sending to the Registrar's Office.

Student Name: _____ ID#: _____
Last First Middle

Major: _____

New Revised Expected Graduation Date: _____
Month Year

Other majors, minors, or concentrations you plan to complete: _____

See the catalog for general policies (Graduation Requirements section), and specific department sections for departmental requirements for majors. In order for your major to appear on your transcript after graduation, your plan must be completed as listed below or revised with the approval of the department chair.

	Dept.	Course&Section # T=Transfer	Course Title	Grade
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
CAPSTONE				

Department Faculty Member: _____
Signature Date

Department Chair: _____
Signature Date Registrar Date Rec'd

- Registrar (original)
 Copy to Department
 Copy to Student