

MACALESTER COLLEGE**REGISTRAR'S OFFICE**1600 Grand Avenue, St. Paul, MN 55105-1899 FAX: 651-696-6600 PHONE: 651-696-6200 www.macalester.edu/registrar**Major Planning Form**

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

See the catalog for general policies (Graduation Requirements section), and specific department sections for departmental requirements for majors.

	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