

## DECLARATION OF ADDITIONAL: SPECIALIZATION/CERTIFICATE/MINOR/+PLUS PATHWAYS

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ STUDENT ATHLETE:  YES  NO

STUDENT ID NUMBER: \_\_\_\_\_ ANTICIPATED GRADUATION: \_\_\_\_\_

(mm/yyyy)

MAJOR \_\_\_\_\_ SPECIALIZATION (IF APPLICABLE) \_\_\_\_\_

### PLEASE CHECK DESIRED DECLARATION

I WISH TO COMPLETE AN ADDITIONAL  CERTIFICATE  MINOR  +PLUS PATHWAYS IN \_\_\_\_\_

THROUGH THE DEPARTMENT OF \_\_\_\_\_

Sponsoring Academic Department

**\*\*If you are a STUDENT ATHLETE this form will not be processed unless signed by the Associate Athletics Director of Compliance\*\***

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Academic Advisor

\_\_\_\_\_  
Signature of Chairperson/Program Director  
in Sponsoring Department

\_\_\_\_\_  
Signature of Athletics Director or  
Director of Compliance

For use by the Office of the Registrar:

Form received on \_\_\_\_\_

By \_\_\_\_\_

Form evaluated on \_\_\_\_\_

By \_\_\_\_\_