

## SIMMONS UNIVERSITY

Office of the Registrar 300 The Fenway, Boston, MA 02115 Tel 617.521.2111 Fax 617.521.3144

## **DECLARATION OF MAJOR**

Student Name:	Simmons ID#:			
Anticipated Graduation Date:	onth Year	_ Student Email:		
Academic Policy: Students dec	claring two or mo	ore majors will receive o	only one diplo	ma.
Major Track:  If you are declaring a major Art • Arts Administration • Business/Ma Science • Ma	anagement • Com		Science • Educ	ation • Énglish Environmental
I am declaring my major for the f If you are not declaring a major for		Yes □ No e, please check below		you would like taken.
1 <sup>st</sup> Major/Track	2 <sup>nd</sup> Major/Track		3 <sup>rd</sup> Major/Track	
Major Advisor Signature  Print Last Name:	Major Advisor Signature  Print Last Name:		Major Advisor Signature  Print Last Name:	
Department Chair Signature  Print Last Name:	Department Chair Signature  Print Last Name:		Department Chair Signature  Print Last Name:	
□ Drop to Minor □ Keep □ Remove	□ Keep □ Add	□ Drop to Minor □ Remove	□ Keep □ Add	□ Drop to Minor □ Remove
If you are a double/triple major the please indicate which degree you				.S.),
<ul><li>□ Bachelor of Arts</li><li>□ Bachelor of Science in Nursing</li></ul>	nelor of Science	Bachelor of S □ Bachelor of S	ocial Work cience in Bu	siness Administration
Please write out how you would li	ke your major l	isted once additions,	changes are	completed:
Major(s):				
Student Signature:			Date:	