



## Authorization for a Major

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_  
Last First Middle

Degree: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Major (Title): \_\_\_\_\_ Title of Concentration (if appropriate) \_\_\_\_\_

Teaching Certificate:  Secondary  Elementary  Special Ed.  K-12

**NOTE:** The governing BULLETIN YEAR for all components of a student's degree program is based on the term the student was admitted to CMU. If the BULLETIN YEAR OF THE MAJOR or CONCENTRATION is different from this, please indicate.

BULLETIN YEAR OF MAJOR/CONCENTRATION (only if different from governing bulletin) \_\_\_\_\_ - \_\_\_\_\_

**Student:** Any Changes of REQUIRED OR ELECTIVE COURSES on the MAJOR or CONCENTRATION must be requested of your advisor AND a **Modification of Authorized Major, Minor or Concentration** form must be submitted to the Registrar's Office.

**Complete** only if this is one of multiple majors or concentrations or if it replaces a previously authorized major or concentration.

1. This is a (a)  2<sup>nd</sup> or (b)  3<sup>rd</sup> major (check one)
2. This is a (a)  2<sup>nd</sup> or (b)  3<sup>rd</sup> concentration (check one)
3. This is to replace a previously authorized major or concentration in \_\_\_\_\_

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

Advisor: Please remind students of the time line for completion of competencies (See Bulletin). Advisor is responsible for completion of all portions of this form and distribution of copies to: 1) Registrar's Office (original), 2) Student, 3) Advisor, 4) Department office of advisor, and 5) Certification Office (Teaching major only).

\_\_\_\_\_  
Signature of Advisor Printed Name of Advisor Date