



Authorization for a Major

Name: _____ Student Number: _____
Last First Middle

Degree: _____ E-mail Address: _____

Major (Title): Neuroscience _____
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) _____ - _____

<p>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 must be submitted to the Registrar's Office.</p>	<p>Complete only if this is one of multiple majors or concentrations or if it replaces a previously authorized major or concentration.</p>
	<ol style="list-style-type: none"> 1. This is a (a) <input type="checkbox"/> 2nd or (b) <input type="checkbox"/> 3rd major (check one) 2. This is a (a) <input type="checkbox"/> 2nd or (b) <input type="checkbox"/> 3rd 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