



Program of Study - Declaration Form

Students must review a **Degree Works** "WHAT-IF" audit of proposed changes with an advisor.

1. **Print** the "WHAT-IF" audit reflecting your proposed changes and **ATTACH** to this form. You will be advised based on the "WHAT-IF" of the current catalog. You cannot be properly advised without the "WHAT-IF" audit. Changing your program, major and/or concentration will place you in the current catalog.
2. Complete this form and take it, **along with the WHAT-IF degree audit** to the department office or college advisor in the dean's office for your proposed new major.
3. Request an appointment to speak to someone regarding changing your major. If you have applied to graduate the form must go to College Graduation Expert.
4. **ATHLETES**, you must obtain the signature from the Bratzke Center **FIRST** – to verify that the proposed major change will not cause you to lose NCAA eligibility and/or scholarship. If you decide to change, then obtain the signature of the advisor of your new major.
5. You may also add, delete, or change a minor, concentration, or certificate using this form.

Student name: _____ Student ID: _____
please print

Phone contact (**REQUIRED**): _____ EKU email: _____

Student signature (**REQUIRED**): _____ Date: _____

University policy limits student to one major change per year and expects student to graduate with their currently declared major once they have applied to graduate. Deviations from that require careful counseling and permission of the college.

1. Have you applied to graduate? YES / NO

If yes this form must be turned in to the College Graduation Expert in the dean's office for your new major.

2. Have you already changed your major this year? YES / NO

If yes, why should you be allowed to change again? Place answer on back of this form.

3. My NEW major will be my: **1st major** **2nd major*** **Dual Degree*** (150 hr. minimum required)

**If declaring double major, or two ("dual") degrees, a separate form is needed for each new major, with appropriate signatures for each major. If not changing major, leave a) and b) blank and complete the relevant other areas of this section.*

a) DEGREE: AA AGS AAS AS ASN ASP BA BBA BFA BM BS BSN BSW
Please circle one only. If interested in AGS must consult and obtain signature of a college professional advisor.

b) MAJOR Subject Area: _____
You must designate a degree above. Any previous major will be dropped unless checked as 2nd major or dual degree. AGS students must declare a college affiliation here, or a concentration below. Discuss this with your college professional advisor.

c) MINOR Subject Area, (if applicable): _____
Tell us what to drop/add.

d) CONCENTRATION (if applicable): _____
Tell us what to drop/add.

e) CERTIFICATE/OTHER: _____

4. Campus Code Designation (Complete if a change is required)

Adult Completer Degree Participant eCampus Program Regional Campuses (Corbin, Danville, Manchester)

Main Campus (Richmond)

5. AUTHORIZING SIGNATURE: *I have consulted with this student and approve the above declared program of study. Based upon my authority, and the student's permission as designated by their signature, please change their official academic record to reflect the declared program indicated above.*

Printed Name of Authorized Individual for New Major Signature of Authorized Individual Date

College of Student's New Major: If student has applied to graduate Dean's Office must allow change and adjust student's SHADEGR record.

Printed Name of College Graduation Expert Signature Date

REG OFFICE USE ONLY

Processed by: _____ Date processed: _____ Number of major changes for current academic year: _____