

**Degree or Program Change Declaration
Drake University
College of Arts and Sciences**

To: Office of the Dean, College of Arts and Sciences

Date: _____

College of First Major: _____

Name: (please print) _____

E-mail Address: _____

Drake Student ID Number: _____

Telephone Number: _____

Check which applies to you: US Citizen
Non-US Citizen
Dual-Citizenship

Expected Graduation Date: _____

Complete the appropriate section(s) and return to room 268A, Harmon FAC.

Change of Advisor

Signature of former advisor: _____

Signature of new advisor: _____

Change of Major

Former Major: _____

New Major: _____

Double Major

First Major: _____

Double major requires departmental approval by a faculty advisor in each department.

Advisor approval: _____

Second Major: _____

Advisor approval: _____

Minor(s) or Area(s) of Concentration

Minor(s): _____

Authorizing signature(s): _____

Area(s) of concentration: _____

Authorizing signature(s): _____

Degree Program(s)

B.S. B.A. B.F.A.

B.A.E. B.M.E. B.M.

Double Degree Program

First Degree: _____ Major: _____

Advisor's signature: _____

Second Degree: _____ Major: _____

Advisor's signature: _____