

Print Name _____ 7 Digit SOLAR ID _____ Date _____
 Signature _____ UW-Parkside Email _____ @rangers.uwp.edu
 Address _____ Phone _____

NOTE: Submit this completed form to the Biological Sciences Department for approval.

MAJORS & CONCENTRATION

Biological Sciences Declare Cancel*
(optional concentration recommended for students wishing to pursue graduate/professional work in health sciences)
 Pre-Health Professions Declare Cancel

Molecular Biology and Bioinformatics Declare Cancel*

MINORS

Biological Sciences Declare Cancel
 Biological Sciences for Elementary Teachers Declare Cancel
 Biological Sciences for Secondary Teachers Declare Cancel

ASSOCIATE DEGREE

Laboratory Sciences Declare Cancel

Area of Interest: _____

* If changing to a major in another department, list the cancel on the new declaration form instead of here. If you cancel your only major your record will be changed to Undecided.

DEPARTMENT/PROGRAM APPROVAL
 Accepted
 Denied

Authorized Department Signature: _____

Print Authorizer's Name: _____

Date Signed: _____

Student has been notified of department decision.

Department: Submit this form to the Office of the Registrar for processing.

CANCEL:
To cancel any declarations not on checklist above, list them here:
 Anything not listed will remain on your record.

OFFICE OF THE REGISTRAR

DATE: _____ INITIALS: _____