

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

NOTE: Submit this completed form to the Center for Professional Studies for approval.

ASSOCIATE DEGREES

Military & Security Studies	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
Professional Studies	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel

MINOR

Military Leadership <i>(new Fall 2019)</i>	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
--	----------------------------------	---------------------------------

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: _____