

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

NOTE: Submit this completed form to the Chemistry Office for approval.

MAJOR & CONCENTRATIONS

Chemistry	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel*
<i>Concentration required for Chemistry majors, select one below:</i>		
Biochemistry	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
General Chemistry	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
Industrial Chemistry	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
Natural Products <i>(new Fall 2019)</i>	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
<i>Fall 2019 catalog requirement term or newer; may need Requirement Year Change form also for previously declared major</i>		
Pre-Health Professions	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
Professional Chemistry	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel

MINORS

Chemistry	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
Chemistry for Pre-Health Professions	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel

CERTIFICATE

Green Chemistry	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
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ASSOCIATE DEGREE

Green Chemistry <i>(new Fall 2019)</i>	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel*
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* 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: _____