

7 Digit

Print Name _____ SOLAR ID _____ Date _____

Signature _____ UW-Parkside Email _____ @rangers.uwp.edu

Address _____ Phone _____

NOTE: Submit this completed form to the Institute of Professional Educator Development for approval.

MAJOR

Special Education (SPED)	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel*
<i>Concentration required, choose one of the following:</i>		
Middle Childhood-Early Adolescent	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
Early Adolescent-Adolescent	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel

LICENSURE

Licensure (EDU.PN)	<input type="checkbox"/> Add Placeholder	<input type="checkbox"/> Cancel
	<input type="checkbox"/> Remove Placeholder/Move to License	

LICENSE CONTENT AREAS

Middle Childhood - Early Adolescence (ED1802)	<input type="checkbox"/> Accepted	<input type="checkbox"/> Cancel
Early Adolescence - Adolescence (ED1803)	<input type="checkbox"/> Accepted	<input type="checkbox"/> Cancel
Cross-catagorical Special Education (ED1801)	<input type="checkbox"/> Accepted	<input type="checkbox"/> Cancel
Intellectual Disability (ED1810)	<input type="checkbox"/> Accepted	<input type="checkbox"/> Cancel
Emotional/Behavioral Disorders (ED1830)	<input type="checkbox"/> Accepted	<input type="checkbox"/> Cancel
Specific Learning Disabilities (ED1811)	<input type="checkbox"/> Accepted	<input type="checkbox"/> Cancel
English as a Second Language (ED1395)	<input type="checkbox"/> Accepted	<input type="checkbox"/> Cancel
Bilingual-Bicultural Education (ED1023)	<input type="checkbox"/> Accepted	<input type="checkbox"/> Cancel

MINOR

English as a Second Language	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
------------------------------	----------------------------------	---------------------------------

* 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

- Pending
- Move from Pending to 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: _____