

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

*Students: Submit this completed form to the Nursing Program for approval.*

**MAJORS**

Nursing (Pre-Nursing PRC)	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel*
Nursing (UWM Clinical Nursing)	<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

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: \_\_\_\_\_