

University of Massachusetts Boston



Declaration or Change of Major, Minor, Program of Study, or Concentration

This Form is to be used by undergraduate matriculated degree students only.

Return this form with the appropriate signature to the Office of the Registrar, Quinn Administration Building, 1st floor.

Date: _____ Student I.D. No (usually Soc. Sec. #): _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

To change college affiliation, use an application for Intercollege Transfer

- I AM DECLARING OR ADDING :
- Major _____ Track: _____
 - Minor _____
 - Program of Study _____
 - Certificate _____
 - Concentration *(HPF majors only) _____

Signature of Department Chair or Program Director: _____

*** Management majors declare a concentration in CM Student Services 5th flr. McCormack Hall**

- I AM DROPPING :
- Major _____ Track: _____
 - Minor: _____
 - Program of Study _____
 - Certificate _____
 - Concentration (HPF majors only) _____

No signature is required for dropping .

PLEASE FILL OUT SUMMARY OF OF YOUR NEW STATUS

Major: _____	Second Major (if any): _____
Minor: _____	Second Minor (if any): _____
Program of Study: _____	Second Program of Study (if any): _____
Certificate: _____	Second Certificate (if any): _____