Texas Southern University
3100 Cleburne ~ Houston, Texas 77004
713-313-7011

To: Office of the Registrar, Enrollment Management

Declaration of Major, Minor and Concentration

Student: ________________________________

New Major: ______________________________

Current Major: __________________________

T# ____________________________________

College/School of _______________________

College/School of _______________________

APPROVALS FOR TRANSFER OF MAJOR:

Student’s New Dept. Chair ____________________

Signature

Date: ________________________________

Student’s Current Dept. Chair ____________________

Signature

Date: ________________________________

APPROVALS FOR MINOR:

Minor: __________________________________

☐ Approved: ____________________________

Academic Advisor

Date: ________________________________

Month/Day/Year

☐ Approved: ____________________________

Department Chair of Minor

Date: ________________________________

Month/Day/Year

APPROVALS FOR CONCENTRATION:

Concentration: ____________________________

☐ Approved: ____________________________

Academic Advisor

Date: ________________________________

Month/Day/Year

☐ Approved: ____________________________

Department Chair of Minor

Date: ________________________________

Month/Day/Year

APPROVALS FOR DOUBLE MAJOR:

Primary Major: ____________________________

☐ Approved: ____________________________

Academic Advisor

Date: ________________________________

Month/Day/Year

☐ Approved: ____________________________

Department Chair of Minor

Date: ________________________________

Month/Day/Year

Secondary Major: ____________________________

☐ Approved: ____________________________

Academic Advisor

Date: ________________________________

Month/Day/Year

☐ Approved: ____________________________

Department Chair of Minor

Date: ________________________________

Month/Day/Year

REVISED 1/14