



**TEXAS SOUTHERN UNIVERSITY**

**3100 CLEBURNE STREET . HOUSTON TX 77004**

**OFFICE OF THE REGISTRAR**



**DECLARATION OF MAJOR AND MINOR FORM**

Name: \_\_\_\_\_  
Last First M

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number Apt#

\_\_\_\_\_ City State Zip Code

Phone #: ( ) \_\_\_\_\_  
Area Code

Total Hours Earned: \_\_\_\_\_

I wish to complete my degree program in the fields indicated below according to the CATALOGUE of \_\_\_\_\_ - 20\_\_\_\_, and understand that neither may be changed without proper authorization.

\_\_\_\_\_  
MAJOR

\_\_\_\_\_  
MINOR

\_\_\_\_\_  
Head of Major Department Date

\_\_\_\_\_  
Head of Minor Department Date

\_\_\_\_\_  
Approval by the DEAN Date

- Xc: Registrar
- Dean
- Major Department Head
- Student