

# Milligan Undergraduate Declaration/ Change of Program Form

Instructions: Please return the completed form to the Milligan Registrar's Office (Derthick Hall room# 103).  
If you have any questions, please call the Registrar's Office at 423-461-8788.

First Name:	Last Name:	Phone#:
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Below, list the **CHANGES** you would like to make to your current program of study:

DROP a major, minor, concentration, or teacher licensure area  
(Each item you list below will be removed from your student record)

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ADD a major, minor, concentration, or teacher licensure area  
(Each item you list below will be added to your student record)

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Below, list your **COMPLETE** program of study (including the changes noted above):  
If any portions are not applicable, you may leave them blank.

Anticipated Graduation Date:                      Month: May  July  Dec                       Year:

Degree Type:     B.A.     B.S.     B.S.N.     B.S.W.

1 <sup>st</sup> Major:	2 <sup>nd</sup> Major:
Concentration:	Concentration:
Concentration:	Concentration:
Advisor:	Advisor:
Minor:	Minor:
Minor:	Minor:

Teacher Licensure- Contact Karen Presnell, Teacher Education Office Manager, for advisor assignment.

Teacher licensure #1:    Teacher licensure #2:

Teacher licensure Advisor:

List any additional information about your degree plan that is not listed above.

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Are you a student athlete?     Yes     No                      Do you receive Veteran's benefits?     Yes     No

I understand my degree requirements are in accordance with the effective catalog in which I entered Milligan or the active catalog upon my graduation from Milligan. By changing my program of study, I acknowledge that any courses earned previously may not apply toward the new program of study and could delay the anticipated graduation date. See [www.milligan.edu/catalog](http://www.milligan.edu/catalog) for details.

Student Signature: \_\_\_\_\_                      Date: \_\_\_\_\_  
(Student signature required for all changes)

Advisor signature: \_\_\_\_\_                      Date: \_\_\_\_\_  
(Advisor signature required if adding a new major)

Teacher licensure signature: \_\_\_\_\_                      Date: \_\_\_\_\_  
(Karen Presnell, Teacher Education Office Manager, must sign if adding a teacher licensure area)