California Baptist University

DECLARATION OF MAJOR/MINOR/CONCENTRATION

STUDENT INFORMATION:

NAME: _____ ID: _____

CBU E-MAIL: _____@CALBAPTIST.EDU PHONE: _____

PROGRAM: ◯ TRADITIONAL ◯ OPS ◯ GRADUATE

CHECK IF APPLICABLE: ☐ CBU VARSITY ATHLETE ☐ INTERNATIONAL STUDENT

DECLARATION/CHANGE OF MAJOR AND CONCENTRATION:

Complete all items below. Include ***all*** Major and Concentration information ***even if previously declared***. Only information provided below will be considered when advising and evaluating your academic file for graduation and degree completion.

Major 1. _____ 2. _____

Concentration 1. _____ 2. _____

Catalog Change (if applicable) to: _____

For students declaring a double major falling under two separate degrees (BA, BS) please indicate if you wish to complete a double degree.
I plan to complete a Double Degree: ◯ YES ◯ NO Please see catalog for criteria in completing a double degree.

DECLARATION/CHANGE OF MINOR (*IF APPLICABLE*):

Minors are not offered in the OPS Program. A minor may *only* be declared if a student chooses a minor from the Undergraduate Traditional program. Courses from a minor are not guaranteed to be offered in the OPS Program. Traditional student tuition costs may apply. Please refer to the University Catalog.

Minor 1. _____

CONFIRMATION AND SUBMISSION:

I have declared the above major, minor, and concentration. I understand that these changes may require a change in my catalog year, which could affect graduation requirements. I further understand that if I do not indicate a new catalog year (*above*), and a catalog change is required, it will be administratively changed.

_____ _____

STUDENT SIGNATURE **DATE**

Submit this form by completing one of the following options:

- **Email** as an attachment to OPSAdvising@calbaptist.edu from your Lancermail account only.
- **Fax** signed copy to 951-358-1181.
- **Deliver** signed copy to OPS Advising at 10370 Hemet St. Suite 200, Riverside, CA 92503.

Confirmation of the changes will be sent to your Lancermail account.

FOR OFFICE USE ONLY:

☐ Denied ☐ Processed_____ _____ ☐ Checked for Degree Change
Advisor Signature Date

☐ Approved ☐ Processed_____ _____
Advisor Signature Date

Copy to: ☐ Student ☐ International Dept. (if student is international) Initials: _____ Date: _____

Copy to: ☐ Registrar ☐ Athletics Dept. (if student is an athlete)

Received via student Lancermail Account ☐ Yes ☐ No ☐ Not Applicable

Comments: _____