



Registrar's Office  
352 Lafayette Street, Salem, MA 01970

**REQUEST FOR DECLARATION/CHANGE OF MINOR**  
*Please Print Clearly*

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Class

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
CURRENT MAJOR

\_\_\_\_\_  
DESIRED MINOR

Please check the ONE box that applies:

- I have not previously requested a minor
- I am requesting an additional minor
- I wish to change my minor from \_\_\_\_\_ to \_\_\_\_\_
- I wish to drop my minor

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**ACTION BY DEPARTMENT CHAIRPERSONS:**

\_\_\_\_\_  
Major Chairperson Signature

\_\_\_\_\_  
Minor Chairperson Signature

\_\_\_\_\_  
Requirement Term/Flowsheet Year

\_\_\_\_\_  
Date

ORIGINAL - Registrar's Office

YELLOW - Major Department

PINK - Minor Department

Revised 04/01/10