OFFICE OF THE REGISTRAR

MAJOR (Single or Double) DECLARATION FORM

It is the STUDENT'S responsibility to see that this form reaches the Office of the Registrar.

Banner ID#: ______________________ -or- Email: __________________@dickinson.edu  Date: __________________

Student Name: __________________ Student Signature: __________________

(Please print your name)

Please mark one (or two for a second major), along with corresponding concentration and/or degree choice, if applicable:

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<th>CONCENTRATION</th>
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**REQUIRED SIGNATURES**

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**Registrar’s Office Use Only**

SFAREGS: _______________  SGAADVR: __________________  Date Entered: _______________