Columbia College

Declaration/Change of Major
Evening College

Name _____ Columbia College ID No _____

Email _____ Telephone _____

Expected date of graduation _____ Semester _____ Year

Please check the **MAJOR (S)** you are declaring or changing to: Declaring ☐ Changing ☐

Division of Arts and Communication Studies
- ☐ Communication B.A.

Division of Behavioral Studies and Human Inquiry
- ☐ Behavioral Science B.A.
- ☐ Child and Family Studies B.A.
- Human Services B.A.
  - ☐ Community and Organizational Leadership
  - ☐ Counseling
- ☐ Psychology B.A.
- ☐ Public Affairs B.A.

Division of Business, Mathematics, and Sciences
- Business B.A.
  - ☐ Accounting
  - ☐ Management
  - ☐ Marketing
- Computer and Information Science
  - ☐ B.A.
  - ☐ B.S.

Division of Education
- ☐ Early Childhood Education B.A., certifying to teach
- ☐ Elementary Education B.A., certifying to teach
- ☐ Special Education B.A., certifying to teach

Contractual Studies (Pilot Programs)
- ☐ Community Arts
- ☐ Child Life Specialist
- ☐ Organizational Leadership, Advocacy and Social Justice
- ☐ E-Marketing
- ☐ Public Health Science and Delivery
- ☐ Other

Students Signature _____ Date _____

Current Advisors Signature _____ Date _____

New Division Heads Signature _____ Date _____

If changing major:

New Advisor _____

PLEASE RETURN THIS FORM TO THE OFFICE OF THE REGISTRAR

2nd floor of the Allison Administrative building