



TEXAS SOUTHERN UNIVERSITY

To: Office of the Registrar, Enrollment Management

Declaration of Major, Minor and Concentration

Student Name: _____ T#: _____
 New Major: _____ College/School of: _____
 Current Major: _____ College/School of: _____

Approvals for transfer of Major

Student's New Dept. Chair: _____ Date: _____
Signature

Student's Current Dept. Chair: _____ Date: _____
Signature

Approvals for Minor

Minor: _____

Approved: _____ Date: _____
Academic Advisor

Approved: _____ Date: _____
Department Chair of Minor

Approvals for Concentrations

Concentration: _____

Approved: _____ Date: _____
Academic Advisor

Approved: _____ Date: _____
Department Chair of Minor

Approvals for Double Major

Primary Major: _____

Approved: _____ Date: _____
Academic Advisor

Approved: _____ Date: _____
Department Chair of Minor

Secondary Major: _____

Approved: _____ Date: _____
Academic Advisor

Approved: _____ Date: _____
Department Chair of Minor