|  |  |
| --- | --- |
| **Last Name** |  |
| **First Name** |  |
| **UVA ID #** |  |
| **UVA e-mail** |  |
| **Phone #** |  |



**Request to Defer Declaring a Major**

**Association: Are you or were you ever an** □ Echols Scholar □ Student Athlete □ Transfer Student

If none of the above, what was your **first-year residence hall?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intended Date of Graduation:**  Spring / Fall / Summer 20 \_\_\_\_\_

**INSTRUCTIONS:** Complete this form and take it, along with your unofficial transcript, to the Director of the Under-graduate Program for your desired major. An advisor will review your course selections with you and the Director of the Undergraduate Program will sign the form. Return the form to your Association Dean’s assistant in Monroe Hall*.*

***Note****: You may defer declaring a major ONLY until the end of your 5th semester. A completed, signed and approved Declaration of Major form must be submitted to the College Registrar in order to be permitted to enroll for a 6th semester.*

I hereby request permission to defer declaring a major in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Reason for requesting the deferral:­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will be able to declare the major by this date:­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **List each course you plan to complete for the major BEFORE requesting the signatures below.** | | | |
| **Course Subject Area and Number** | **Semester Completed/Planned** | **Course Subject Area and Number** | **Semester Completed/Planned** |
| 1. |  | 7. |  |
| 2. |  | 8. |  |
| 3. |  | 9. |  |
| 4. |  | 10. |  |
| 5. |  | 11. |  |
| 6. |  | 12. |  |

**Student’s Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval of the Director of the Undergraduate Program:**

**­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Signature Date

**Approval of Association Dean:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print NameSignatureDate

**DENIED: Please make an appointment to see your Association Dean.**

Deans’ Office Processing: scan; email to student & index; original to audit *CLAS* | *September 18, 2019*