DONNELLY COLLEGE

Declaration of Major

_____

Student ID

_____

Last Name   First Name   Middle Initial

_____

Address   City   State   Zip code

_____

Phone Number

I plan to graduate at the end of:		**Semester**	**Year**
	❑	Fall	_____
	❑	Spring	_____
	❑	Summer	_____

Please select the program of student you intend to complete:

Associate Degrees
❑ Associate in Arts Degree (AA)
❑ Associate in Science Degree (AS)
❑ Associate in Applied Science Degree (AAS)
    Concentration (AAS Only):
        ❑ Business
        ❑ Information Technology
        ❑ Nursing

Certificate/Certification Programs
❑ License Practical Nurse

Bachelor's Degrees
❑ Bachelor of Arts in Business Leadership (BA)
❑ Bachelor of Science Information Systems (BS)

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Student Signature   Date   Advisor Signature   Date