

Earlham College

Major Field of Concentration

Student Name:

Student ID #:

Cell Phone #:

Drawer #:

Date: (01/01/2011)

Planned Date of Graduation: (May/Dec, Year)

Major:

Focus: (If required)

Division

Please check the appropriate box: (Check all that apply)

Filing your Major for the first time

Changing your Major

Updating your Major

Double Major

If you are double majoring what is your first Major:

Courses in Field of Concentration
Core courses must be taken by all majors

Courses that have been taken: Course #, Course Title, Semester, Year

Courses that will be taken: Course #, Course Title, Semester, Year

ALL UPPERLEVEL COURSES WILL BE USED TO DETERMINE COLLEGE AND DEPARTMENT HONORS.

****Course Exemptions from AP. To be filled by faculty only.**

Indicate arrangements for the comprehensive exams here:

Adviser: This student is hereby approved for pursuance of a field of concentration in accordance to the above plans.

****IMPORTANT**** If this is not your official adviser of record, you must also file a Change of Adviser form.

Date: (01/01/

Please Note: If this is an interdepartmental major, you must obtain the signature of both department heads involved. Please indicate what arrangements have been made for your comprehensive exams below.

Department Head Signature and Date:

Department Head Signature and Date:

If this is a double major, you must complete a separate form for each department and obtain approval from each department.

Student Signature and Date:

Registrar's Office Signature and Date: