



STUDENT FILLS OUT THIS PART

Campus ID Number	Current Date (Month/Day/Year)	Academic Year (<i>Circle One</i>) 1 2 3 4
Last Name	First Name	Middle Initial
Program (Circle One) BA BS _____ Other*		
Email address @wisc.edu	Phone Number	*Other School/College
Other Major(s)	Student Signature	

*STUDENTS NOT IN THE COLLEGE OF LETTERS AND SCIENCE:

This major/certificate declaration/cancellation is subject to approval by the Dean of the College in which you are enrolled.

ADVISOR FILLS OUT THIS PART

Major/Certificate Code CERT 450	Option Code	Department or Title Medieval Studies (7195C H.C. White)
Advisor's Name (<i>Must be filled in for processing</i>) Sherry Reames	Advisor's Phone Number 262-7836	Advisor's email slreames@wisc.edu
Choose One Declaration <input type="checkbox"/> Major <input type="checkbox"/> Certificate <input type="checkbox"/> Option Cancellation <input type="checkbox"/> Major <input type="checkbox"/> Certificate <input type="checkbox"/> Option Revision <input type="checkbox"/> Major <input type="checkbox"/> Certificate <input type="checkbox"/> Option		Approved by (Department Representative) Effective Date



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