

Submit one copy of this form to the department and another copy to the Registrar's Office.

Skidmore	ID#:	Name:				
Class Year	: Email:			сим	GPA:	
Major:		Concentration: (CH & DA majors)	_			
2 ^t Self-Determin	Affairs Majors: MUST declare a 2 nd not major or minor declaration form or ned Majors: MUST have an approved ndies Majors: MUST declare a 2 nd majorm.	Regional Concentration w SDM Course Commitmen	orksheet (if applicable t form. MUST be attac	e) MUST be attached to ched to this completed	form.	
INITIAI ADD A Interde Choose one	IECK ALL THAT APPLY: L DECLARATION OF MAJOR 2nd MAJOR: (Indicate 2nd advisor epartmental Major (Indicate bote degree: BA or BS READY TAKEN THAT COUNT TO	oth advisors below) (See Skidmore Catalo DWARD THE CHOSEN	g under Academic	·		
— A III axi	* AT SKIDMORE *	tween 2 majors. A max		ANOTHER INSTITU		
Course #	Title	Grade	Institution	Course #	Title	
Date	Print Student's Name		Student's Signature			
Date	Print Current Advisor's Nan	Print Current Advisor's Name				
Date Print Major Advisor's Name (e (Even if Current Advisor)	Major Advisor's Signature			
Date	Print Second Advisor's Name (if applicable)		Second's Advisor's Signature			
Date		Print Department Chair's Name (Both chairs if interdepartmental major)		Department Chair's Signature		
Date	Print Name of HEOP/AOP Director (if applicable)		HEOP/AOP Director's Signature			

Revised: 2-03-2021