

COLLEGE OF LETTERS AND SCIENCE UNIVERSITY OF WISCONSIN-MADISON MAJOR/CERTIFICATE/OPTION DECLARATION/CANCELLATION

L&S Form 5/05

STUDENT FILLS OUT THIS PART

Campus ID Number		Current Date (Month/Day/Year)		Academic Year (1, 2, 3 or 4)			
Last Name	First Name		Middle Initial	Program (BA, BS or *If Other - specify and see below)			
Email address @wisc.edu		Phone Number	What do you want to declare / cancel?				
*If Other, List School/Collge a	nd/or Other Majo	or(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		n Code	Department or Title	
			Department of	f French & Italian
Advisor's Name (Must be filled in for processing)		Advis	s Phone Number Advisor's email	
Mandi Schoville			-262-5074	maschoville@wisc.edu
Purpose of the Request (choose one for each)			Approved by (Department Representative)	
Choose One: Declaration Cancellation Revision	Choose One: Major Certificate Option		Effective Date	