

**DECLARATION OF ADDITIONAL:
SPECIALIZATION/CERTIFICATE/MINOR/+PLUS PATHWAYS**

NAME: _____ DATE: _____ STUDENT ATHLETE: YES NO

STUDENT ID NUMBER: _____ ANTICIPATED GRADUATION: _____

(mm/yyyy)

MAJOR _____ SPECIALIZATION (IF APPLICABLE) _____

PLEASE CHECK DESIRED DECLARATION

I WISH TO COMPLETE AN ADDITIONAL CERTIFICATE MINOR +PLUS PATHWAYS IN _____

THROUGH THE DEPARTMENT OF _____