

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

L&S Form 5/05

STUDENT FILL	S OUT THIS PART				
Campus ID Number		Current Date (Month/Day/Year)			Academic Year (Circle One)
					1 2 3 4
Last Name First Name		Middle Initial		Program (Circle One)	
					BA BS Other*
Email address			Phone Number		*Other School/College
	@wisc.edu	ı			Cane. Contoon contogs
Other Major(s)			Student Signature		
Other Major(s)			Student	Oignature	
	*0711051		15.001.15		D GOLENOE
This maid				GE OF LETTERS AN oproval by the Dean of	D SCIENCE: the College in which you are enrolled.
	S OUT THIS PART				
Major/Certificate Code		Option Code		Department or Title	
Advisor's Name (Must be filled in for processing)		Advisor's Phone Number Adv		Advisor's email	
Choose One				Approved by (Department Representative)	
Declaration Cancellation Revision		Revision			
☐ Major	☐ Major	☐ Major			
☐ Certificate ☐ Certificate ☐ Certificate		te	Effective Date		
Option	Option	Option			