

**SENIORS  
LAST YEAR**

AMERICAN UNIVERSITY OF SHARJAH

Office of the Registrar

**Declaration of a Second Major, Cancellation Or Change of Minor**

_____	_____	_____
Student's Name	Student's I.D.	Semester (e.g. Fall2001)
_____	_____	_____
Present College/ School	Present Major ( <i>and</i> Concentration if any)	Class (e.g. Freshman)
_____	_____	
Personal Mobile #	Personal E-mail Address	

**> PLEASE FILL OUT EITHER PART 1, 2, 3 OR 4 ACCORDING TO YOUR REQUEST**  
**> You may declare a maximum of Two (2) Minors.**

<b>01</b>	I wish to <b>declare my second major</b> in: _____.
Student's signature:	Date: ____/____/____ DD MM YYYY
* Signature of the Associate Dean of the <i>Second Major</i> :	Date: ____/____/____ DD MM YYYY
Name of the Advisor of the Second Major: *(To be filled out by the Associate Dean)	Date: ____/____/____ DD MM YYYY

**OR,**

<b>02</b>	I wish to <b>declare a minor</b> 1: _____; minor 2: _____.
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**OR,**

<b>03</b>	I wish to <b>change my minor</b> from _____ to _____.
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**OR,**

<b>04</b>	I wish to <b>cancel my minor</b> in _____.
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Student's signature:	Date: ____/____/____ DD MM YYYY
Signature of the Minor Advisor	Date: ____/____/____ DD MM YYYY

<b>Return the form to the Office of the Registrar.</b>	
Office of the Registrar's signature:	Date: ____/____/____ DD MM YYYY

Note:  
> The minor will be added to the student's record once it is confirmed that all the minor requirements are fulfilled.  
> Minors are not mentioned on the Degree Certificate.