



**SECOND MAJOR DECLARATION**

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

HSU-ID # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Local Phone # \_\_\_\_\_

***NOTE: No registration priority is given for a second major.***

Second Major Name: \_\_\_\_\_

Second Major Advisor Signature: \_\_\_\_\_