

Name (Please Print) \_\_\_\_\_

ID# \_\_\_\_\_

Current Advisor \_\_\_\_\_

Declaration  Audit

Major Advisor (Please Print) \_\_\_\_\_  First major?  Second major? Anticipated Grad Year \_\_\_\_\_

If you are changing your major, what was your old major? \_\_\_\_\_

**Mathematics BA**

**disciplinary, 11 courses**

At least 6 courses must be unique to any major. All courses for the major must be completed with a grade of C- or better. Credit/no credit courses may not be counted toward the major.

Check if unique	Check if completed	Planned semester	Course	Notes, substitutions, etc.
Mathematics Core courses				
<input type="checkbox"/>	<input type="checkbox"/>	_____	CPSC 124	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	MATH 135	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	MATH 204	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	MATH 232	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	MATH 471	_____
Concentration: either MATH 331 or MATH 375				
<input type="checkbox"/>	<input type="checkbox"/>	_____	MATH_____	_____
Two courses at or above MATH 200				
<input type="checkbox"/>	<input type="checkbox"/>	_____	MATH_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	MATH_____	_____
One course at or above MATH 300				
<input type="checkbox"/>	<input type="checkbox"/>	_____	MATH_____	_____
Two additional courses from: MATH 131 or above, or CPSC 220 or above				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

**Comments:**

**Major Certification**

We agree that the successful completion of the program of courses indicated above will constitute an acceptable major. (Compliance with uniqueness rules and other requirements will be confirmed by the Registrar.)

Student signature \_\_\_\_\_

Date \_\_\_\_\_

Major Advisor signature \_\_\_\_\_

Date \_\_\_\_\_

Department or Program Chair signature \_\_\_\_\_

Date \_\_\_\_\_