



**APPLICATION FOR MAJOR FIELD OF SPECIALIZATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Last) (First) (Middle)

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Department Head: Dr. Rebecca Bullard-Dillard Department Head: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
(Applicant)

**(Applicant, do not write below this line)**

Total Semester Hours: \_\_\_\_\_

Total Quality Points: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Department Chair)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Dean)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Vice President for Academic Affairs)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Dean of Enrollment Management)