



APPLICATION TO DECLARE A MAJOR

The purpose of this application form is to facilitate formal acceptance into the academic discipline from which the undersigned student seeks to complete a major. Students are eligible to apply for acceptance into a major after completing the Preparatory Year Program (PYP).

Student ID No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	For Term [<input type="text"/>]	Academic Year 20 [<input type="text"/>] - 20 [<input type="text"/>]
Student Name	<input type="text"/>			<input type="text"/>			<input type="text"/>		
	(First Name)			(Second Name)			(Last Name)		

NOTE: Student who intends to join in the *College of Computer and Information Sciences* must be a Science major in High school and have a final grade of "C" or better in **Math 002**.

High School Major:	<input type="checkbox"/> Science	<input type="checkbox"/> Administration			
Course Degree to declare	<input type="checkbox"/> Computer Science	<input type="checkbox"/> Information System	<input type="checkbox"/> Accounting	<input type="checkbox"/> Finance	<input type="checkbox"/> Marketing

Student's Signature:	<input type="text"/>	Date Submitted:	<input type="text"/>
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Deanship of Admissions and Registration Approval

This is to certify that the above student ID number and name has successfully completed and passed all the PYP requirements. Thus, he is now eligible to join in the [] College of Computer and Information Sciences / [] College of Business Administration.

<p>Checked & Verified by:</p> <p>_____</p> <p>Mr. REVIE B. CLERINO Registrar</p> <p>Date: [<input type="text"/> / <input type="text"/> / <input type="text"/>]</p>	<p>Certified and Approved by:</p> <p>_____</p> <p>Dr. Abdulaziz S. Al-Sehibani Dean, Admissions & Registration</p> <p>Date: [<input type="text"/> / <input type="text"/> / <input type="text"/>]</p>
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To be filled up by New Advisor

I have fully accepted this student as my advisee and I confirm that he has fulfilled the Admission requirements of the _____ department.

Advisor's Name:	Signature:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

(Note: After completing this form, kindly submit to the **Registration Department** for confirmation.) Rev. Ed.02-09