

**Bachelor of University Studies**  
**(major code BUS UNST)**  
**2010-2011**  
**Declaration of Major Form**

Name \_\_\_\_\_ Student ID \_\_\_\_\_

College of Enrollment \_\_\_\_\_ Student email \_\_\_\_\_

Student's Educational Objectives (Be specific) : \_\_\_\_\_

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**Courses to meet general education requirements**

Students must complete at least 40 hours of general education courses

General Education Requirement	Course Prefix	Course Number	Course Title	Grade
English 1	ENGL	1113	Freshman Composition	
English 2	ENGL	1213	Freshman Composition	
American History	HIST	1103	Survey of American History	
Political Science	POLS	1113	American Government	
Analytic 1 "A"				
Analytic 2 "A"				
Humanities 1 "H"				
Humanities 2 "H"				
Natural Sciences 1 "N"				
Natural Sciences 2 "N"				
Scientific Investigation "L" – write an "L" next to the title of the "N" course above that fulfills this requirement				
Social Sciences 1 "S"				
Social Sciences 2 "S"				
Other general education courses to total 40 hours (or more if required by college)				
International Dimension "I" – write an "I" next to the title of the course anywhere on this plan of study that fulfills this requirement				
Diversity "D" – write a "D" next to the title of the course anywhere on this plan that fulfills the diversity requirement				



**Upper division courses**

<b>Course Prefix</b>	<b>Course Number</b>	<b>Course Title</b>	<b>Grade</b>

\_\_\_ upper division hours (minimum 50 hours from 2 or more disciplines)

\_\_\_ hours completed at four year institution (minimum 60 hours)

**Please print name after signature.**

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Adviser Date

\_\_\_\_\_  
Departmental Representative Date

\_\_\_\_\_  
Departmental Representative Date

\_\_\_\_\_  
Dean or Designated College Official Date

\_\_\_\_\_  
Registrar Date

\_\_\_\_\_  
Assoc Vice President for Academic Affairs Date

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_

**Bachelor of University Studies**

**Substitution Form**

**COURSES TO BE ADDED**

Course Prefix	Course Number	Course Title

**COURSES TO BE DROPPED**

Course Prefix	Course Number	Course Title

**Please print name after signature.**

\_\_\_\_\_  
Adviser Date

\_\_\_\_\_  
Dean or Designated College Official Date

\_\_\_\_\_  
Registrar Date

\_\_\_\_\_  
Assoc Vice President for Academic Affairs Date