

Major Declaration and Audit Form

- Declaration Declaration form: to be completed on first declaring a major. Audit form: to be completed before entering the senior year.
- Audit

Name (please print) _____ ID# _____ Current Faculty Advisor _____

Major Advisor _____ Primary major advisor? First major Second major

If changing your major, what was your old major? _____ HO WS Anticipated Grad Date: _____

Computer Science BA disciplinary, 10 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. This major will also include a capstone experience, the details of which will be forthcoming.

Check if unique	Check if completed	Planned semester	Course	Notes, substitutions, etc.
Required courses for all majors				
<input type="checkbox"/>	<input type="checkbox"/>	_____	CPSC 124	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	CPSC 220	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	CPSC 225	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	CPSC 229	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	CPSC 327	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	CPSC 329	_____
Two additional 300- or 400-level computer science courses excluding CPSC 450, CPSC 495, and CPSC 499				
<input type="checkbox"/>	<input type="checkbox"/>	_____	CPSC _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	CPSC _____	_____
Two additional computer science courses or mathematics (MATH 130 or above) courses				
<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 _____