

# COLLEGE OF ENGINEERING

## APPLICATION FOR MAJOR AFFILIATION

STUDENTS COMPLETE THIS SECTION ONLY

Student Name: \_\_\_\_\_ Current Class & Term: \_\_\_\_\_

Major: \_\_\_\_\_ CUID#: \_\_\_\_\_  
(to which you are applying)

Concentration/Interest: \_\_\_\_\_  
(if known)

Current Address: \_\_\_\_\_ Current Phone #: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Current Advisor Name & Dept.: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit form to the Office of the Major Requested

MAJOR CONSULTANTS OR COORDINATORS  
COMPLETE THIS SECTION ONLY

Date Received: \_\_\_\_\_

Affiliation Approved  Affiliation Denied  Affiliation Conditional

Conditions/Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Update Class/Term (if needed): New Class (2,3,4) \_\_\_\_\_ New Term (1,2) \_\_\_\_\_

New Advisor: \_\_\_\_\_ Advisor Code: \_\_\_\_\_

Advisor Campus Address: \_\_\_\_\_ Advisor E-mail: \_\_\_\_\_

Major Consultant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_