

Classics Department Major Form



REQUEST TO BECOME A _____ MAJOR.

Please fill in the following information: (PRINT LEGIBLY)

Date of application: _____ Semester & Class of: _____

Name: _____ Gender: ____ ID#: _____
Last First M.I.

E-mail Address: _____

Phone: _____

(PLEASE NOTIFY THIS DEPARTMENT OF ANY CHANGES OF PHONE NUMBER**)**

Permanent (Home) Address: _____

Permanent (Home) Phone: _____

Faculty Advisor/Classics Dept: _____

Do you currently have another major?: Y/N Other Major(s): _____

Faculty Advisor: _____

Are you planning to DROP your previous major? Y/N

Are you a Dual Degree student? Y/N Other College: _____ Base College: _____

Classics Advisor's Signature: _____

DUS, Classics Signature: _____

**PLEASE RETURN THIS FORM TO:
120 GOLDWIN SMITH HALL**

**or
lmb296@cornell.edu**