

Last Name	
First Name	
UVA ID #	
UVA e-mail	
Phone #	

REQUEST TO DEFER DECLARING A MAJOR

Association: Are you or wer	e you ever an □ Echol	ls Scholar □ Student Athlet	e □ Transfer Student		
If none of the above, what v	vas your first-year resi	dence hall?			
Intended Date of Graduatio	n: Spring Fall	Summer 20			
graduate Program for your desir the Undergraduate Program will Note : You may defer declaring a ma	ed major. An advisor will re I sign the form. Return the fo ajor ONLY until the end of you	th your unofficial transcript, to the leview your course selections with yorm to your Association Dean's assur 5th semester. A completed, signed and be permitted to enroll for a 6th semester.	ou and the Director of istant in Monroe Hall. d approved Declaration of		
I hereby request permission t	to defer declaring a ma	ior in			
I hereby request permission to defer declaring a major in Reason for requesting the deferral:					
1 0					
I will be able to declare the m	najor by this date:				
List each course you pla	n to complete for the n	najor BEFORE requesting the	e signatures below.		
Course Subject Area and Number	Semester Completed/Planned	Course Subject Area and Number	Semester Completed/Planned		
1.		7.			
2.		8.			
3.		9.			
4.		10.			
5.		11.			
6.		12.			
Student's Signature:		Γ	Oate:		
Approval of the Director of	the Undergraduate Pro	ogram:			
PRINT NAME SIGNATURE			DATE		
Approval of Association De	an:				
Print Name	Signature		DATE		
☐ DENIED: Please make an	appointment to see yo	our Association Dean.			