



# Declaration/Change of Department Form

683 Hoes Lane West, P.O. Box 9, Room 335, Piscataway, NJ 08854  
Phone: (732) 235-9724 • Fax: (732) 235-9599

**Please Print**

Student Name: \_\_\_\_\_ Student SSN/ID#: \_\_\_\_\_  
Primary Campus Location:  Newark  Piscataway  Stratford

**It is important to note that courses taken for a specific Department may not apply toward the degree if a student changes the Department concentration.**

**Declaration of Department**

Title of Declared Department	Date

**Change of Department Declaration**

Title of Previously Declared Department	Date of Declaration	Title of New Declared Department	Date of Declaration

Signatures:

_____	_____
Student	Date
_____	_____
Faculty Advisor	Date
_____	_____
Department Chair	Date

This form should be completed by the student and then routed as follows:

1. Obtain Faculty Advisor signature
2. Obtain Department Chair signature
3. Submit original form to the Campus Office

_____	_____
Date Received	Campus Administrator
_____	_____
Date Received	Registrar

**Copies to:**

**Registrar's Office - White copy**  
**Campus of Origin - Yellow copy**  
**Student - Pink copy**

**Return to Campus Office for processing**