FranklinPierce UNIVERSITY

OFFICE OF THE REGISTRAR
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Rindge, NH 03461
(603) 899-4068
registrar@franklinpierce.edu

Declaration and/or Change of Major/Minor/Certificate/ Concentration

Online Undergraduate and Graduate Students

Student Name: _____ Student ID Number: _____ Date: _____

DECLARATION OF PROGRAM - UNDERGRADUATE

☐ ADD ☐ DROP ☐ Add Second Major ☐ Drop Second Major Catalog Year: _____

Please place an A (add) or a D (drop) on the line before the program selected.

Bachelor of Arts/Science

_____ Accounting/Finance
_____ Criminal Justice
_____ Healthcare Administration
_____ Human Services
_____ Integrated Studies →
(select two concentrations)
_____ Management
_____ Marketing
_____ Nursing
_____ Emergency Medical Services B.A.
_____ Emergency Medical Services B.S.
_____ Undeclared
_____ Non-Matriculated/Course Only

Concentration

_____ Accounting _____ Finance
_____ Business _____ General Studies
_____ Custom _____ Social Services

Associate Degree

_____ Business
_____ Criminal Justice
_____ General Studies
_____ Human Services

Certificate

_____ Human Services
_____ Paralegal

Minor

_____ _____
(Write in minor selection)

For information about minor requirements, please reference the Academic Catalog. Not all courses for all minors will be offered on-line.

DECLARATION OF PROGRAM - GRADUATE

☐ ADD ☐ DROP ☐ Add Second Major ☐ Drop Second Major Catalog Year: _____

Please place an A (add) or a D (drop) on the line before the program selected

Master of Education

_____ Teacher Certification
_____ M.Ed. & Teacher Certification
_____ Elementary (K-8) (K-6)
_____ Middle/Secondary Social Studies (5-12)
_____ Secondary Life Sciences (7-12)
_____ Middle/Secondary English (5-12)
_____ General Special Education
_____ M.Ed. in Leadership

Masters

_____ MBA - Leadership
_____ MBA - Energy/Sustainability
_____ MBA - Health Administration
_____ MBA - Human Resources
_____ MBA - Information Technology
_____ MBA - Senior Care Management
_____ MBA - Sports Management
_____ MS - Accounting
_____ MS - Nursing Education *or*
_____ MS - Nursing Leadership

Graduate Certificate

_____ Emerging Network Technologies
_____ Energy & Sustainability Studies
_____ Health Administration
_____ Human Resource Management
_____ Nursing Education
_____ Sports Management
_____ Autism Spectrum Disorder (ASD)

_____ _____ and _____ _____
Student Signature Date Program Director/Advisor Signature Date

REGISTRAR'S OFFICE ONLY Processed by: _____ Date: _____ Update Tuition Code/Notify SFS as needed