

UNIVERSITY of WISCONSIN
GREEN BAY

OFFICIAL DECLARATION OF DEGREE PLAN/ADVISOR

Student Name: _____
(PLEASE PRINT) (CAMPUS NUMBER)

DEGREE PLAN

ADVISOR (to be completed by unit/program)

Major Minor Certificate Add Change Delete
 Add Delete

PLAN: _____ (Print Name of Advisor)

(emphasis) (catalog yr) Department Chair or Designee Signature (Date)

Department Chair or Designee Signature (Date)

DEGREE PLAN

ADVISOR (to be completed by unit/program)

Major Minor Certificate Add Change Delete
 Add Delete

PLAN: _____ (Print Name of Advisor)

(emphasis) (catalog yr) Department Chair or Designee Signature (Date)

Department Chair or Designee Signature (Date)

DEGREE PLAN

ADVISOR (to be completed by unit/program)

Major Minor Certificate Add Change Delete
 Add Delete

PLAN: _____ (Print Name of Advisor)

(emphasis) (catalog yr) Department Chair or Designee Signature (Date)

Department Chair or Designee Signature (Date)

AFTER COMPLETION OF THIS FORM, SUBMIT TO
THE REGISTRAR'S OFFICE
Student Services Building