Colby-Sawyer College
Major Acceptance Decision Form

Student ID# _______________________________     Student Name ________________________________

Advisor ID# _______________________________     Advisor Name ________________________________

Major __________________________________       Program ________________________________

Minor __________________________________________

Department Chair’s signature ________________________________

DATE ________________________________    ACCEPTED □  REJECTED □

Department Chairs please have this form scanned or copied and sent to the registrar’s office via email (kburns@colby-sawyer.edu) or campus mail.

For Registrar Office Use Only – Date processed and Initials_______________________

☐ A  ☐ M  ☐ W

Revised 8/10