

DECLARATION OF MAJOR BACHELOR OF SCIENCE

This form is for students who are currently enrolled in the Bachelor of Science.

STUDENT INFORMATION		
Last/Family Name:	First Name:	Middle Name:
MRU Student ID:	Date of Birth: Day Month	Year
MRU Email:	Phone (cell):	Phone (home):
INDICATE INTENDED MAJOR		
Cellular and Molecular Biology		
Chemistry		
Environmental Science		
General Science		
Geology		
Health Science		
NOTE: The Bachelor of Science majors require successful completion of specific courses (except General Science). Prior to declaring your major, please contact Academic Advising at scitechadvising@mtroyal.ca for specific requirements and/or deadline information.		
Are you declaring a double major? Yes No	mormation.	
Freedom of Information and Protection of Privacy: The personal information you provide on, or with, this form is collected under the authority of the Post-Secondary Learning Act and the Freedom of Information and Protection		
of Privacy Act in the Province of Alberta. This information will be used for academic ac	dministration, the administration of Mount Royal support services,	scholarship and financial aid awards, marketing and recruitment activities
and in compliance with data sharing agreements with the Students Association of Mou Questions can also be directed to the Office of the Registrar at 4825 Mount Royal Gate,		dar and at mtroyal.ca.
STUDENT SIGNATURE:		DATE:
OTOBERT ORIGINATORE.		DAIL.
RETURN THIS FORM TO THE OFFICE OF THE REGISTRAR.		
OFFICE USE ONLY		DATE RECEIVED:
Approved Not approved N/A Initial:	Date:	
Record updated Initial:	Date:	
☐ Email notification sent Initial:	Date:	