

College of Charleston
School of the Arts ~ Department of Music

DECLARATION OF MUSIC MAJOR

Return this form, completed and signed by a faculty member in the desired area of study, to the Department Office (Cato Center, room 201).

You must also submit a declaration of major request electronically. Go to the Academic Services tab on MyCharleston and select POSM (Program of Study Management).

Full Name: _____ SID Number: _____

Permanent Address: _____

City State Zip

College Address: _____

City State Zip

Local Phone Number: _____ Email: _____

Anticipated Date of Graduation: _____

Area of concentration for Music Major: (Circle one)

- I. Music Performance (specify area: _____)
- II. Music History
- III. Music Theory/Composition

Student's Signature

Faculty Signature

Date of Declaration

Department Signature

Major Advisor: _____