Department of Mathematics Major/Minor Declaration Advisors Spring 2019

 Abdelmalek Abdesselam Office: Kerchof Hall 227

<u>aa4cr@virginia.edu</u> Phone: 924-4926

Office Hours: Tuesday, 1:00PM-2:00PM; Friday, 1:30PM-2:30PM

Peter Abramenko

Office: Kerchof Hall 306

pa8e@virginia.edu Phone: 924-4162

Office Hours: Monday, 3:00PM-4:00PM; Wednesday, 2:00PM-

3:00PM; and by appointment

Benjamin Hayes

Office: Kerchof Hall 219

brh5c@virginia.edu Phone: 243-8778

Office Hours: Monday, 11:00AM-12:00PM; Wednesday, 10:30AM-

11:30AM

• David Sherman

Office: Kerchof Hall 211

des5e@virginia.edu Phone: 924-7079

Office Hours: Tuesday, 9:30AM-10:30AM and 2:00PM-3:00PM;

Friday, 10:30AM-11:30AM.

COLLEGE OF ARTS & SCIENCES

DECLARATION OF MAJOR FORM FOR THE B.A. OR B.S. DEGREE

INSTRUCTIONS: Take this form, together with your most recent ACADEMIC REQUIREMENTS report (obtained using the SIS), to the Director of Undergraduate Program for the desired major department prior to the deadline for 4th semester students to declare majors (typically the last week in April). The Director will assign you to a major adviser who will be available to advise you throughout your career as a major in that department. Return the completed white and yellow copies of this form to the department or office for your major. (The office will then forward the Dean's copy to Monroe Hall.) Keep the pin copy for your records.

copy for your rec	cords.								
Charle annual	to bouton's		This is to be listed some	Good on pilos		v" ,			
Check appropria	te box(es):	0.	This is to be listed as my This is a second major;						4
		0	This is a re-declaration			tary withdray	wal		
~		0	This replaces my previo			, , , , , , ,			
Name				-		Uni	versity ID:		
(Last)			(First)		(Middle)		,		1,00
1st-yr. Residence	Hall			OR (D Echols Scholar	🗆 Student A	thlete © Transfer	Student	
U.Va. e-mail ID:					Local/Cell Pho	ne #:			
I expect to gradua	ate in	-			·				
	,	_	(semester)	0	ear)				
			Complete the Be	ottom Portion of	this Form with	a Major Ad	visor		
None of December	T		to set of December 1						
I hereby apply to b	be a major ir	aepa: a you	rtmental Program: ir department. In consult	ation with an unde	ergraduate advise	r, I propose th	— e following tentat	ive program of _	
semester-hours for						1			
Course	Course Number		Course Title			Course To Be Completed (enter year) Fall Spring Summer Hours			1 1
Prefix									Hours
						,			
					4 .				
-							7		
7 .									
						7 7			
					10				
-				4					
			1.						
	-	_				-1		:	
·									
		- 1							
	- · · ·		 						
			 						0 0
rogram Approv	ed By:			Name o	of the Student's	Advisor:			*
irector of the Ma	jor or Pros	gran	, or Major Advisor	(PRINT	NAME CLEAR	LY; ILLEGII	BLE FORMS WI	LL BE RETUR	NED)
	·								
			Review your ACADEMI at you are fulfilling all de						
			n the Undergraduate Reco						
			dergraduate Record and in						
garding your VIST	AA report,	see y	our Association Dean pr	romptiy. ALL COU	RSES FOR THE N	AAJOR, MINO	OR, AND AREA R	EQUIREMENTS	MUST
ETAKEN FOR A C	GRADE (NO	T C	redit/No Credit). Sign be	low to indicate tha	t you have read a	nd understood	I the above inform	ation.	
udent's Signatur					Date				