Leech Lake Tribal College
Declaration/Change of Major Form

Student Name: _______________________________ Student ID: ____________________

Semester: [ ] Fall [ ] Spring [ ] Summer Year: _______ Date: _______

Associate of Arts

☐ Liberal Education
☐ Liberal Education STEM Emphasis
☐ Indigenous Leadership
☐ Early Childhood Education

Associate of Science

☐ Forest Ecology
☐ Earth Systems Science

Associate of Applied Sciences

☐ Business Management
☐ Law Enforcement
☐ Integrated Residential Builder

Diploma

☐ Residential Carpentry (1 Year)

________________________________________  ______________________________________
Student Signature                          Advisor Signature