



University Advisement Center
 Vodra Hall
 201.200.3300

DECLARATION OF MAJOR PROGRAM COLLEGE OF PROFESSIONAL STUDIES

Last Name: _____ First Name: _____ M.I. _____
 Empl ID: _____ Address: _____ Apt _____
 City: _____ State: _____ Zip _____
 Day Phone: _____ E-mail: _____
 Cumulative Grade Point Average: _____ Semester Hours Completed: _____ Date: _____

___ **Business Administration**

- Accounting BS Finance BS General Business BS International Business BS
- Management BS Marketing BS Retail Management BS Sports Management BS
- Travel & Tourism BS

___ **Criminal Justice/Security Department**

- Courts, Probation, Corrections, Parole & Juvenile Justice BS Law Enforcement BS Security BS
- Criminal Justice BS

___ **Fire Science Department** Fire Science BS

___ **Health Science Department**

- Health Sciences—Community Health BS
- Health Sciences—w/Teacher of Health Education Certification BS
- Health Sciences—w/Teacher of Health Education Certification & School Nurse Certification BS
- School Nurse Certification & Health Education Certification Post-Baccalaureate
- Health Sciences—Advanced Practice: Dental Assisting Sciences (joint degree with UMDNJ) BS
- Health Sciences—Advanced Practice: Dietetics (joint degree with UMDNJ) BS
- Health Sciences—Advanced Practice: Imaging Sciences (joint degree with UMDNJ) BS
- Health Sciences—Advanced Practice: Respiratory Care Sciences (joint degree with UMDNJ) BS

___ **Nursing Department** Nursing BSN

FOR OFFICE USE ONLY

Advisor's Signature _____ Date _____

Approved by Department Not approved by Department

Department Chair _____ Date _____

Coded by: _____ Date _____