

Declaration of ILS Topical Cluster

Submit this completed form to OneStop Student Services, 253 University Hall.

Full Name _____ Student ID# _____

E-mail address _____@unca.edu Advisor _____

Major _____ Expected Graduation Date _____

Cluster Number _____ Title _____

This is a NEW Cluster Declaration

This is a CHANGE of Cluster Declaration

Student Signature _____ Date _____

Advisor Signature _____ Date _____

(Received by _____ Date _____)

(Processed by _____ Date _____)

Rev. 10/08

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