## Declaration of ILS Topical Cluster Submit this completed form to OneStop Student Services, 253 University Hall.

|   | Student ID#   |
|---|---|
| E-mail address@unca   | a.edu Advisor   |
| Major   |   |
| 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)   |
|   |   |
|   | ILS Topical Cluster eStop Student Services, 253 University Hall.                                  |
|   | eStop Student Services, 253 University Hall.  |
| Submit this completed form to One   | Student ID#   |
| Submit this completed form to One  Full Name@unca  Major  | Student Services, 253 University Hall.  Student ID#  a.edu Advisor  Expected Graduation Date      |
| Submit this completed form to One  Full Name@unca  Major  | Stop Student Services, 253 University Hall.  Student ID#  a.edu Advisor  Expected Graduation Date |
| Submit this completed form to One  Full Name@unca  E-mail address@unca  Major  Cluster Number Title | Student ID#   |
| Submit this completed form to One  Full Name  | Student ID#   |

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