

# DECLARATION OF COROLLARY

F Wtr Spr Sum Qtr 20 \_\_\_\_\_

To: Steve Orth, College of Communication

Student Name: \_\_\_\_\_

Social Security# \_\_\_\_\_ Major: \_\_\_\_\_

Corollary Areas:

\_\_\_\_\_ and \_\_\_\_\_

\_\_\_\_\_

Advisor Signature



**FOR TCOM OFFICE USE ONLY .... ..**

**Return form to RTVC 202**

File \_\_\_\_\_

Active DBase & SIS \_\_\_\_\_

Date Rec'd \_\_\_\_\_



DC-CJ-2/2004 Rev.