THE CATHOLIC UNIVERSITY OF AMERICA

Office of Enrollment Services

Application for Double Major

Date

Student's Name:	ID:	
Address:	Phone:	
Cumulative GPA:	Academic Level:	
I request approval to arrange my curriculum in such a Bachelor's Degree as specified by:	manner as to satisfy the	requirements for the
The major of in This is the primary major. All <u>distribution requin</u> in addition to the major requirements. The degr &	<u>ements</u> required by this so	chool must be completed
The major of in the This is my secondary major. All major requirem will be conferred for a secondary major but the	<u>ents</u> for this major must b	e completed. No degree
I understand that the minimum grade point average f year. In addition, I realize that departmental prerequi average may vary depending upon the department or are required in each department. I also understand the majors in the same semester in order to graduate with	sites and required cumul School, and that compre nat I must complete the re	ative grade point hensive examinations
Signature of Student		Date
Approval of De	ouble Major	
The double major should be approved by the beginnin effective dated for the start of the semester following		ear. Applications will be
Signature of Chair or Advisor for Primary Major	Department	Date
Signature of Chair or Advisor for Secondary Major	Department	Date
Signature of Academic Dean for Primary Major		Date

Signature of Academic Dean for Secondary Major

This form should be submitted by the secondary major dean's office to the Office of Enrollment Services for processing.