

Application for Double Major

Student's Name:	ID:	
Address:	Phone:	
Cumulative GPA:	Academic Level:	
I request approval to arrange my curriculum in such a ma Degree as specified by:	nner as to satisfy the require	ements for the Bachelor's
1. The major of in	_ in the School of	
2. The major of i This is my secondary major. All major require		
year. In addition, I realize that departmental prerequipment depending upon the department or School, and that department. I also understand that I must complete order to graduate with a double major.	comprehensive examination requirements in both major	ns are required in each
Signature of Student	Date	2
Approval of Double Major Double major should be approved by the beginning of the dated for the start of the semester following approval by be 1. Signature of Chair or Adviser – Primary Major		cations will be effective Date
2	Department	 Date
3. Dean's Approval: Yes No pending review of cumulative GF	PA at the end ofSemester/	Year
Signature of Academic Dean for the Primary Major	Date	
Signature of Academic Dean for the Secondary Major		