Declaration of Double Major

Last Name: _______________________________   ID # 987 -____-_______
First Name: _______________________________

I have read the policy in the Student Handbook and understand my responsibilities.

Student’s signature: _______________________________  Date: ______________

Present Major: ____________________________________________

I am aware that the above named student is adding a 2nd major.

Department Chair’s signature: _______________________________  Date: ______________

Second Major: ____________________________________________

Your signature below certifies that the above named student is accepted into your department and that you have reviewed all course requirements for the completion of a second major.

Department Chair’s signature: _______________________________  Date: ______________

Please complete and return to the Registrar’s Office

For Registrar’s Office use only:
Entered by: ___________  Date: __________________