Double Major Form

Student ID #: ____________________  Name: ____________________

Current Local Address*: ____________________

Phone #: ____________________  Cell Phone #: ____________________

*Address & phone numbers will be updated in the computer system when completed above.

FIRST MAJOR INFORMATION

Major: ____________________
Option: ____________________
Advisor: ____________________

SECOND MAJOR INFORMATION

Major: ____________________
Option: ____________________
Advisor: ____________________

Student’s Signature: ____________________  Date: __________

Registrar’s Office Use Only:

MAJOR Added  Date: __________  Initials: __________

Email confirmation sent to first and second advisor: □YES  Address Updated: □YES