DOUBLE MAJOR FORM

Student ID#: ________________  Name: _______________________________________
  Last  First  Middle

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 Signature: ___________________________  Date: ______________

Registrar’s Office Use Only:

Major Added Date: ________________  Initials: __________

Email confirmation sent to first & second advisor ☐ YES  Address Updated ☐ YES