



## Request of Double Major Form

Student ID	Student Name
Mobile	AURAK Email

School	
Degree	Bachelor of
First Major	
Second Major	

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Earned Credit Hours*	CGPA*	First Major Academic Advisor's Name*

Registrar's Signature:

Date:

Academic Advisor's Signature:

Date:

First Major Dept. Chair's Signature:

Date:

Second Major Dept. Chair's Signature:

Date:

Second Major Academic Advisor's Name	
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*\* to be completed by the Department of Registrar*

*Please submit this form along with the completed signatures to the Department of Registrar*

Received & Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Department of Registrar