

DECLARATION OF DOUBLE MAJOR
Return form to:
THE CENTER FOR ACADEMIC ADVISING – CC-242

Student Name: _____ **Z#:** _____

Student Signature: _____ **Date:** _____

I wish to earn:

____ **Double Major Bachelor of Arts (both majors lead to the BA degree)**

____ **Double Major Bachelor of Science (both majors lead to the BS degree)**

Primary Major: _____

Concentration (if applicable): _____

Signatures:

Preceptor _____ Date _____

Program Coordinator _____ Date _____

Dean _____ Date _____

Secondary Major: _____

Concentration (if applicable): _____

Preceptor _____ Date _____

Program Coordinator _____ Date _____

Dean _____ Date _____

Academic Advising _____ Date _____

CAPP _____