REQUEST FOR DUAL MAJOR/DEGREE
(Undergraduate)

Instructions: 1. Student must schedule an appointment with the Advisor for the additional major/degree to review the requirements for graduation and to declare a dual major/degree.
2. Advisor for the additional major/degree will update Banner and forward a copy of the form to the Advisor for the primary major/degree. If necessary, a copy will be sent to the International Services Office and/or Athletics Coordinator.
3. Request for Dual Major/Degree form will be filed in the student’s advising file(s).

Please Print:

Name: _______________________________ UIN: _______________________________

Email Address: ___________________________ Phone: _______________________

Are you an International student (F1 or J1 visa)? Yes No  (Student must submit a copy of this form to the International Services Office.)
Are you a Student Athlete? Yes No  (Student must contact the Athletics Coordinator) Signature Required: _______________________

Primary College: (circle) Arts & Sciences Business Secondary College: (circle) Arts & Sciences Business
Education Engineering Education Engineering
Health Professions & Social Work Health Professions & Social Work

Primary Major: ___________________________ Secondary Major: ___________________________

Concentration: (if applicable) ___________________________ Concentration: (if applicable) ___________________________

Catalog Year: ___________________________ Catalog Year: ___________________________

Minor: ___________________________ (Students interested in adding a new minor must meet with the appropriate college. If pursuing Dual Major/Degree, a maximum of one minor can be declared)

I acknowledge that the addition of a dual major/degree may result in an excess hours surcharge. Initials: ___________

Student’s Signature: ___________________________ Date: ___________________________

FOR OFFICIAL USE ONLY

Effective Term/Year ___________________________ Catalog Year ___________________________

Changes to major or catalog year must be entered only in the student’s current term or in the next subsequent term.

Receiving College Advisor’s Signature ___________________________ Date ___________________________

Entered into Banner: ___________________________ Date ___________________________

Initials ___________________________ Comment ___________________________

Revised 3/2015