APPLICATION FOR A DOUBLE/THIRD MAJOR

Name: ____________________________________________________________________ VU ID # ______________

Email: ____________________________________________________________________ Cell Phone: ______________

Present Major: ____________________________________________________________________ Present Class Year ______________

Second Major Desired: ____________________________________________________________________

This constitutes a second and/or third major appearing on your transcript. This does not constitute receiving another degree.

Student's Signature: ____________________________________________________________________

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____________________ IS Accepted ______________________ IS NOT Accepted

Chairperson's Signature for Second Major: ____________________________ Date: ______________

Advisor for Second Major: ____________________________________________________________________

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Third Major Desired: ____________________________________________________________________

____________________ IS Accepted ______________________ IS NOT Accepted

Chairperson's Signature for Third Major: ____________________________ Date: ______________

Advisor for Third Major: ____________________________________________________________________

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Assistant Dean
For Undergraduate Students Signature: ____________________________ Date: ______________

Completed form should be forwarded to the Office for Undergraduate Students, Saint Augustine Center Room 107

Rev: 7/2012