



COLLEGE OF EDUCATION & PROFESSIONAL DEVELOPMENT

DOUBLE MAJOR/DUAL DEGREE FORM

NAME: _____
LAST FIRST MIDDLE INITIAL

ID #: _____ **EMAIL:** _____

- My intention is to complete a double major
 My intention is to complete dual degrees

DOUBLE MAJOR

I understand that I must complete the General Degree Requirements in the College of Education. _____
INITIAL

I understand that I must meet all program requirements in each college. _____
INITIAL

Majors:

DUAL DEGREE

I understand that I must meet the General Degree requirements in each college. _____
INITIAL

I understand that I must meet all program requirements in each college. _____
INITIAL

Degrees:

OFFICE USE

MAJOR CODES: _____ / _____ DEGREE CODES _____ / _____

STUDENT SIGNATURE: _____ **DATE:** _____

DIRECTOR SIGNATURE: _____ **DATE:** _____