OFFICE OF ACADEMIC RECORDS AND REGISTRAR
CHANGE OF DUAL DEGREE OBJECTIVE

NAME _____

SOCIAL SECURITY/STUDENT I.D. NUMBER _____

STUDENT SIGNATURE _____

****

_____ Major to be Dropped	___ ___ ___ ___ Post Code	_____ Degree Objective to be Dropped
_____ Change Effective Term	_____ Change Effective Date	
_____ Approval Signature	_____ Date	

_____ Second Major to be Dropped	___ ___ ___ ___ Post Code	_____ Degree Objective to be Dropped
_____ Change Effective Term	_____ Change Effective Date	
_____ Approval Signature	_____ Date	

_____ Dual Degree Major to be Added	___ ___ ___ ___ Post Code	_____ Degree Objective to be Added
_____ Change Effective Term	_____ Change Effective Date	
_____ Approval Signature	_____ Date	_____ School/Department
_____ Approval Signature	_____ Date	_____ School/Department

****

FOR OFFICE USE ONLY: Date Completed: _____ Initials: _____