



CONTRACT FOR SECOND MAJOR

Student's Name:

Class:

Student ID:

First Major:

Academic Advisor:

Second Major :

Department Advisor:

Requirements:

Approved Credits:

<u>COURSE</u>	<u>TITLE</u>	<u>CREDITS</u>
1) _____		
2) _____		
3) _____		
4) _____		
5) _____		
6) _____		
7) _____		
8) _____		
9) _____		
10) _____		
11) _____		
12) _____		

13) _____

14) _____

15) _____

TOTAL CREDITS:

Signature: _____

Department Chairperson or Program Advisor

Date

I accept the terms of this contract and understand that I must fulfill these requirements as listed above

It is understood that the College reserves the right to cancel courses that are under-subscribed.

Signature: _____

Student

Date