

COLLEGE OF
MOUNT SAINT VINCENT
CONTRACT FOR SECOND MAJOR

Student's Name:

Class:

Student ID/SSN:

1st Major:

Academic Advisor:

2nd 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