DOUBLE MAJOR REQUEST FORM

VIRGINIA STATE UNIVERSITY OFFICE OF THE REGISTRAR P. O. BOX 9217 PETERSBURG VA 23806

| LAST NAME | FIRST NAME | MI |
|-----------------------------|---------------------|--------------------|
| | | |
| STUDENT ID NUMBER | | CLASSIFICATION |
| STUDENT'S CURRENT N | MAJOR | |
| PROPOSED SECOND MA | JOR | |
| After careful review of | | academic record |
| _ | Student's Name | |
| and rational for pursuing | | as a second major, |
| | Second Major | |
| I hereby authorize approval | for the request. | |
| FACULTY ADVISOR | | DATE |
| DEPARTMENT HEAD, C | URRENT MAJOR DEPT. | DATE |
| DEAN | | DATE |
| DEPARTMENT HEAD, P | ROPOSED MAJOR DEPT. | DATE |
| DEAN | | DEAN |
| | | #J200 |