

# Joint Major Form

DATE: \_\_\_\_\_

PRINT NAME \_\_\_\_\_ STUDENT ID# 00 \_\_\_\_\_ CLASS 20 \_\_\_\_\_

<b>Major 1</b>	<b>Major 2</b>
Required Courses	Required Courses
PRINT NAME OF NEW ADVISOR	PRINT NAME OF ADVISOR 2
Advisor ID #	Advisor ID #
Signature of Advisor 1	Signature of Advisor 2

A senior program must combine both majors and be agreed upon by the academic departments involved. It may include or exclude normal expectations regarding independent work and general examinations as appropriate. Please indicate how senior work will be integrated in the two departments.

### IMPORTANT REMINDER:

1. Send the completed form to each departmental coordinator to have a copy for department records.
2. Keep a copy for your own records.
3. Email the completed original to the Registrar's Office.