

## DOUBLE MAJOR REGISTRATION FORM

Student Name		Academic Year	
Student ID		Semester	
1st Major		2nd Major	College

CRN	Course Name	Course No.	Sec.	Course Title	Credit Hours	Lecture Time				
						Sun.	Mon.	Tues.	Wed.	Thurs.
Total Credit Hours										

Student's Signature:
Mobile Number:
Date:

Registration Officer:
Date:

Department Chair Approval (2nd Major):
Signature:
Date:

College Dean Approval:
Signature:
Date:

*Note:*

- This Double Major Registration form will be filled by the student only.
- Before you hand it over to the Registration Officer.
  1. Secure approval from Dept. Chair and Dean
  2. Keep your copy for your reference