

DOUBLE MAJOR REQUEST FORM

This form must be filled out with Adobe Acrobat and then printed for signatures. Any questions may be directed to the Academic Services Office or aso@qatar.tamu.edu

Name: _____ y@: _____
 Primary Program: _____ Catalog Term: _____
 Expected Graduation Term: _____
 Secondary Major: _____ Degree Candidate: yes no

Courses to be used in the Secondary Major:

<u>Course:</u>	<u>Hours:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments: _____

Student: _____ Date: _____
(Printed Name) (Signature)

Academic Advisor: _____ Date: _____
(Printed Name)