

DOUBLE MAJOR REQUEST FORM

This Form can be filled out with Adobe Acrobat then printed for signatures. Any questions may be directed to the Office of Records or records@qatar.tamu.edu

Name: _____ Student ID Number: _____

Primary Program: _____ Catalog Term: _____

Expected Graduation Term: _____

Secondary Major: _____ Degree Candidate: yes no

Courses to be used in the Secondary Major:

Course:

Hours:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments: _____

Student: _____
(Printed Name)

(Signature)

Date: _____

Academic Advisor: _____
(Printed Name)

(Signature)

Date: _____

Records Office: _____
(Printed Name)

(Signature)

Date: _____