

Original Form     Revised (Date) \_\_\_\_\_

Name: \_\_\_\_\_ PID: \_\_\_\_\_ Class Level: \_\_\_\_\_  
Last                                  First                                  Middle

College: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

<p>Degree Objective:    <input type="checkbox"/> BA    <input type="checkbox"/> BS</p> <p>First Major: _____ Code: _____                  Lower Division Requirements</p> <p>1. _____                      3. _____                  2. _____                      4. _____</p> <p style="text-align: center;"><i>Upper-Division (Do not list overlaps)</i></p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Subject/Number</td> <td style="width: 50%; text-align: center;">Subject/Number</td> </tr> <tr><td>1. _____</td><td>11. _____</td></tr> <tr><td>2. _____</td><td>12. _____</td></tr> <tr><td>3. _____</td><td>13. _____</td></tr> <tr><td>4. _____</td><td>14. _____</td></tr> <tr><td>5. _____</td><td>15. _____</td></tr> <tr><td>6. _____</td><td>16. _____</td></tr> <tr><td>7. _____</td><td>17. _____</td></tr> <tr><td>8. _____</td><td>18. _____</td></tr> <tr><td>9. _____</td><td>19. _____</td></tr> <tr><td>10. _____</td><td>20. _____</td></tr> </table>	Subject/Number	Subject/Number	1. _____	11. _____	2. _____	12. _____	3. _____	13. _____	4. _____	14. _____	5. _____	15. _____	6. _____	16. _____	7. _____	17. _____	8. _____	18. _____	9. _____	19. _____	10. _____	20. _____	<p>Degree Objective:    <input type="checkbox"/> BA    <input type="checkbox"/> BS</p> <p>Second Major: _____ Code: _____                  Lower Division Requirements</p> <p>1. _____                      3. _____                  2. _____                      4. _____</p> <p style="text-align: center;"><i>Upper-Division (Do not list overlaps)</i></p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Subject/Number</td> <td style="width: 50%; text-align: center;">Subject/Number</td> </tr> <tr><td>1. _____</td><td>11. _____</td></tr> <tr><td>2. _____</td><td>12. _____</td></tr> <tr><td>3. _____</td><td>13. _____</td></tr> <tr><td>4. _____</td><td>14. _____</td></tr> <tr><td>5. _____</td><td>15. _____</td></tr> <tr><td>6. _____</td><td>16. _____</td></tr> <tr><td>7. _____</td><td>17. _____</td></tr> <tr><td>8. _____</td><td>18. _____</td></tr> <tr><td>9. _____</td><td>19. _____</td></tr> <tr><td>10. _____</td><td>20. _____</td></tr> </table>	Subject/Number	Subject/Number	1. _____	11. _____	2. _____	12. _____	3. _____	13. _____	4. _____	14. _____	5. _____	15. _____	6. _____	16. _____	7. _____	17. _____	8. _____	18. _____	9. _____	19. _____	10. _____	20. _____
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List overlaps of upper division courses to satisfy requirement in both majors

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

I verify that I have attached my Statement of Purpose and Academic Planning Worksheet:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**First Major**

Approved     Disapproved

For Official Use Only

**Second Major**

Approved     Disapproved

\_\_\_\_\_  
 Department/Program Authorization                      Date

\_\_\_\_\_  
 Department/Program Authorization                      Date

Units Completed: _____ Units Remaining: _____ Cumulative GPA: _____	Comments: _____	<p style="text-align: center;"><input type="checkbox"/> Approved    <input type="checkbox"/> Disapproved</p> <p style="text-align: center;">_____                  College Advising Office                      Date</p>
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