



**College of Education  
Double Major**

This form initiates a change to your degree/major/minor/concentration with appropriate approvals.

**Instructions:** Forms must be initiated by an Academic Advisor or Department. Forms are accepted following the appropriate approvals.

Sam ID	Last Name	First Name	Date
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**Bachelor of Science in Education (EDUC):**

Must select one of the following 2nd Major:

**Bachelor of Art in Education (EDUC):**

Must select one of the following 2nd Major:

**Academic Catalog Year:**

**Minor:**

**Student:** I acknowledge that I will complete the minimum degree requirements as required for stated degree. I am aware that it is my responsibility to know the minimum degree requirements and any requirements above and beyond as required by my academic discipline (degree/major/minor/concentration). This is not an application for degree. you must apply for graduation in the term you anticipate fulfilling degree requirements.

Form Initiated by: \_\_\_\_\_  
Academic Advisor/Department Date

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

**Required Signatures:**

\_\_\_\_\_  
Major Chair Date