

Name _____	Planned Graduation Year/Qtr _____
SID _____	Major Change Year/Qtr _____
R'Mail _____	Catalog Year _____
Phone _____	

Current Major	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> College: CHASS/ CNAS/ BCOE/ SB/ GSOE/ SPP/ N/A Primary Major _____ Concentration _____ Primary Minor _____ <input type="checkbox"/> BA <input type="checkbox"/> BS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> College: CHASS/ CNAS/ BCOE/ SB/ GSOE/ SPP/ N/A Secondary Major _____ Concentration _____ Secondary Minor _____ <input type="checkbox"/> BA <input type="checkbox"/> BS

New Major	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> College: CHASS/ CNAS/ BCOE/ SB/ GSOE/ SPP/ N/A Primary Major _____ Concentration _____ Primary Minor _____ <input type="checkbox"/> BA <input type="checkbox"/> BS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> College: CHASS/ CNAS/ BCOE/ SB/ GSOE/ SPP/ N/A Secondary Major _____ Concentration _____ Secondary Minor _____ <input type="checkbox"/> BA <input type="checkbox"/> BS

Double Majors		<i>Note: No more than two (2) courses overlap are allowed for both majors. If mixed BA/BS college requirements must be met for <u>both</u> majors.</i>
Major used to meet breadth: _____		
Course overlap? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Course #1 _____ Term _____	Area Major #1 _____	
Course #2 _____ Term _____	Area Major #2 _____	

Additional course overlap between both majors – identify one program to receive credit

Course: _____	Term: _____	Program/Area to be used: _____
Course: _____	Term: _____	Program/Area to be used: _____
Course: _____	Term: _____	Program/Area to be used: _____

Degree Category	Remaining for Primary Major	Remaining for Secondary Major
<i>Breadth</i>		
<i>Major</i>		
<i>Electives</i>		
Total		

Units completed: _____ + in progress _____
 + total remaining _____ = _____

• If completed units are over 120 and estimated total units are over 216, complete petition for each college

Approvals	Student Signature _____	Date _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Primary Academic Advisor Signature _____	Date _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Secondary Academic Advisor Signature _____	Date _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Primary College – Dean’s Signature _____	Date _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Secondary College – Dean’s Signature _____	Date _____