COLORADO COLLEGE

HOW TO COMPLETE THIS FORM
Fill out and save and send completed form
to: registrar@coloradocollege.edu

Office of the Registrar   Declaration of Double Major

Name: _____   **Class:** ___ Fr. ___ Soph. ___ Jr. ___ Sr.

CC Student ID #: _____   **Student Phone #:** _____

Student Email: _____

FIRST MAJOR DECLARING: _____

FIRST MAJOR ADVISOR: _____ / _____
                                (Please Print Name)   **Advisor Signature**

If changing advisor, please list former advisor's name and send a courtesy email to them:

Former Advisor: _____

Please list courses completed in the FIRST MAJOR:

_____   _____
_____   _____
_____   _____
_____   _____
_____   _____

I fully understand the departmental requirements for this major and herewith apply for acceptance.

_____ / _____
Student Signature   **Date**

Please take to department chair for approval and signature.

ADMISSION GRANTED FOR DOUBLE MAJOR:

_____ / _____
Signature of Department Chair   **Date**

ADMISSION DENIED _____

If admission is denied, please give reason: _____
_____

Registrar's Office Use Only		
Date Declared: _____	Major Code: _____	UFD: _____
Update MB: _____	Update CT: _____	Update Major: _____	Initials: _____

COLORADO COLLEGE

Office of the Registrar   **Declaration of Double Major**

Name: _____ **CC Student ID #:** _____

SECOND MAJOR DECLARING: _____

SECOND MAJOR ADVISOR: _____ / _____
                                  (Please Print Name)   **Advisor Signature**

Please list courses completed in the SECOND MAJOR:

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

I fully understand the departmental requirements for this major and herewith apply for acceptance.

_____ / _____
Student Signature   **Date**

Please take to department chair for approval and signature.

ADMISSION GRANTED FOR DOUBLE MAJOR: _____

_____ / _____
Signature of 2nd Department Chair   **Date**

ADMISSION DENIED _____

If admission is denied, please give reason: _____

_____