NAME: ________________________________  Class (Circle One): Fr. Soph. Jr. Sr.
I.D.#: ________________________________  Worner Box #: ______________
Student Phone #: _____________________  email: ______________________

FIRST MAJOR DECLARING: ________________________________

ADVISOR NAME: ________________________________

ADVISOR'S SIGNATURE: ________________________________

If changing advisor, please list former advisor's name and have them sign below:

Former Advisor: ________________________________ Signature: ________________________________

Courses completed in the proposed 1st major:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

Signature of Student ________________________________ Date ________________________________

ADMISSION GRANTED FOR DOUBLE MAJOR: ______

________________________________________________________________________

Department Chair ________________________________ Date ________________________________

Signature of Department Chair is required in order to process!

ADMISSION DENIED: ______

Reason(s) for denial: _________________________________________________________________

________________________________________________________________________

Registrar's Office Use Only

Date Declared: _______________  Major Code: _______________
UFD: _______________  Update MB: _______________
Update Major: _______________  Update CT: _______________
Copies to Department Chair: _______________  Initials: _______________
THE COLORADO COLLEGE
Office of the Registrar
Declaration of Double Major

SECOND MAJOR: ____________________________

SECOND MAJOR ADVISOR NAME: ____________________________

SECOND MAJOR ADVISOR SIGNATURE: ____________________________

List courses completed in the proposed 2nd major:

___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________

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

___________________________________________________________
Signature of Student Date

Take to Chairperson of prospective major department for approval and signature.

ADMISSION GRANTED FOR DOUBLE MAJOR: ______

___________________________________________________________
Signature of Department Chairperson Date

Signature of Department Chair is required in order to process!

ADMISSION DENIED: ______
If admission is denied, please give reason: ___________________________________________

___________________________________________________________

Registrar’s Office Use Only:

Date Declared: ________ Major Code: ________
UFD: ________ Update MB: ________
Update Major: ________ Update CT: ________
Copies to Department Chair: ________ Initials: ________