REQUEST FOR DUAL MAJOR

Academic Year: ______

_______________________________________________  ______________________
Student’s Name  NTU ID #

Campus (circle one):  Crownpoint, Chinle, Zuni, Bond Wilson, TNP

Current (Primary) Major: ____________________________
Semester/Year began: ____________________________

REQUEST FOR DUAL MAJOR:

Secondary Major: ____________________________

Semester/Year that Major will begin: __________________
Catalog Year that Major will begin: __________________

Justification for Additional Major:

________________________________________________________________________
________________________________________________________________________

____________________________________________________  
Student Signature/Date

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Required Authorizations:

1. _______________________________________________  ______________________
   Signature of Advisor  Date

2. _______________________________________________  ______________________
   Signature of Financial Aide  Date

3. _______________________________________________  ______________________
   Signature of Registrar  Date

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Change entry completed on database on _____________________ by ________
Date  Initials