REQUEST FOR DUAL MAJOR

Academic Year:					
Campus Site (Check One):	☐ Crownpoint, NM	☐ Kirtland, NM	☐ Zuni, NM	☐ Teec Nos Pos, AZ	☐ Chinle, AZ
Student's Name			N'	TU ID Number	
Currently (Primary) Major:					
Semester/Year Began:					
Request for Dual Major					
Seconda	ry Major:				
Semester/Year that Major w	ill begin:				
Catalog Year that Major w	ill begin:				
Justification for Additional I	Major:				
				_	
Student's Signature:				Date:	
REQUIRED AUTHORIZATIONS:					
Signature of Academic Ad	visor:		Da	te:	
Signature of Financia	l Aid:		Da	te:	
Signature of Regi	strar:		Da	te:	
Change entry com	pleted on data base or	1	by		
3		Date		Initials	

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