



Registrar's Office
352 Lafayette Street, Salem, MA 01970

SECOND MAJOR FORM
Please Print Clearly

Day Evening

Class

Last Name First Name Middle Student ID Number

CURRENT MAJOR DESIRED SECOND MAJOR DESIRED CONCENTRATION (If Appropriate)

MAJOR TO BE DROPPED (A Drop does not require a Chairperson signature.)

Student Signature Date Please check one: Bachelor of Science _____
Bachelor of Arts _____

NOTE: YOU MUST SELECT ONE MAJOR TO BE YOUR PRIMARY MAJOR. WHICH OF YOUR MAJORS DO YOU WANT TO BE CONSIDERED YOUR PRIMARY MAJOR?

ACTION BY DEPARTMENT CHAIRPERSON:

Approved _____
Disapproved _____
New Advisor _____
Advisor Number _____

Please Indicate Reason: Low GPA No GPA Other _____

Chairperson Signature Requirement Term/Flowsheet Year Date

Revised 04/11/11