



SAINT MICHAEL'S COLLEGE  
 Office of the Registrar  
 One Winooski Park  
 Colchester, Vermont 05439  
 Telephone: (802) 654-2571  
 Fax: (802) 654-2690

## REQUEST FOR DOUBLE MAJOR

(This form is **not for** use by students who have declared or are declaring **Elementary or Secondary Education**. If you have declared or are declaring Education, please use the "Elementary/Secondary Education Request for Addition/Change of Major/Advisor" form.)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Campus Box (or mailing address): \_\_\_\_\_

I wish to complete the requirements for two concentrations. I understand that I must complete **all** course requirements in each concentration including Senior Seminar.

### **ADVISORS/CHAIRPERSONS: PLEASE NOTE!!**

**A 3.0 cumulative grade point average is required.**

<p><b>Present Concentration:</b> _____</p> <p><b>Advisor:</b> _____  <small>Print Name</small></p> <p>_____  <small>Signature</small></p> <p><b>Chairperson:</b> _____  <small>Print Name</small></p> <p>_____  <small>Signature</small></p>
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<p><b>Second Concentration:</b> _____</p> <p><b>Advisor:</b> _____  <small>Print Name</small></p> <p>_____  <small>Signature</small></p> <p><b>Chairperson:</b> _____  <small>Print Name</small></p> <p>_____  <small>Signature</small></p>
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**AFTER COMPLETING THE ABOVE INFORMATION, SUBMIT THIS FORM TO THE ASSOCIATE DEAN'S OFFICE FOR FINAL APPROVAL. THE ASSOCIATE DEAN'S OFFICE WILL FORWARD THE COMPLETED FORM TO THE REGISTRAR'S OFFICE.**

Present Concentration GPA: \_\_\_\_\_

Present Cumulative GPA: \_\_\_\_\_

Request Approved: \_\_\_\_\_

Request Not Approved: \_\_\_\_\_

\_\_\_\_\_  
 Associate Dean of the College