

COLLEGE OF ARTS AND SCIENCES

CERTIFICATION OF ACCEPTANCE FOR MAJOR/MINOR PROGRAM OF STUDY

Name: _____ CWID: _____ Degree Requirements From Catalog (Year) _____
 Local Mailing Address: _____ Expected Graduation Date: _____
 Local Phone Number: _____ Enrollment Date at UA: _____
 Signature of Student: _____ Date Form Completed: _____

NOTE: MAJOR/MINOR REQUIREMENTS MUST BE FROM THE SAME CATALOG AS DEGREE REQUIREMENTS (INDICATED ABOVE).
 Each major must include 12 hours 300/400 - level in residence; each minor must include 6 hours 300/400 - Level in residence. There must be no duplication of coursework among the major/minor programs of study.

MAJOR	MINOR OR SECOND MAJOR	MINOR
<p>Required For All Students</p> <p>Major: _____ Department: _____ BA or BFA: _____</p> <p>I certify that the requirements for acceptance in this program have been met:</p> <p>_____ Program Advisor's Name (Please Print)</p> <p>_____ Program Advistor's Signature</p> <p>APPROVED:</p> <p>_____ Department Chairperson Date</p>	<p>Required For All Students</p> <p>Indicate One: Minor: _____ Major: _____ Track/Option (if applicable): _____</p> <p>I certify that the requirements for acceptance in this program have been met:</p> <p>_____ Program Advisor's Name (Please Print)</p> <p>_____ Program Advistor's Signature</p> <p>APPROVED:</p> <p>_____ Department Chairperson Date</p>	<p>Optional</p> <p>MINOR: _____ Track/Option (if applicable): _____ Department: _____</p> <p>I certify that the requirements for acceptance in this program have been met:</p> <p>_____ Program Advisor's Name (Please Print)</p> <p>_____ Program Advistor's Signature</p> <p>APPROVED:</p> <p>_____ Department Chairperson Date</p>

FOR OFFICE USE ONLY:
 APPROVED: _____
 Dean/Registrar Date

DISTRIBUTION: _____ Required Major _____ Records
 _____ Required Minor or Second Major _____ Dean