

University of Connecticut  
College of Liberal Arts & Sciences  
Academic Services Center  
John W. Rowe Center Rm 130, U-4126  
Phone: 486-2822

**DOUBLE MAJOR DECLARATION FORM**

**NB. Students may earn a double major by selecting two majors within the College. A minimum of 48 credits without overlap is required to earn both majors. Therefore, students may not be able to double major if the two majors they choose require the same courses and prevent them from earning 48 credits without overlap.**

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**Part I**

**To the Student:** 1. Complete Parts I and II. 2. Declare the major at each departmental office, if you have not already done so. 3. Submit this form to the CLAS Academic Services Center, 423 Whitney Road, for the dean's signature and final processing.

**Student Information**

Name: \_\_\_\_\_

PeopleSoft ID: \_\_\_\_\_ Current Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Current Cumulative GPA \_\_\_\_\_

Current address \_\_\_\_\_

*Please note:* You must meet the major requirements for each major and none of these may overlap. Overlap in related areas must be approved by each department advisor.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Part II**

**To the Faculty Advisors:** The above student has made a request to declare two majors. Please discuss the details of your major, prepare a preliminary plan of study with this student, sign this form and return it to the student, who will bring it to the CLAS Academic Services Center.

**Primary Major:** \_\_\_\_\_ Degree: BA or BS (circle one)

Concentration: \_\_\_\_\_

Advisor: \_\_\_\_\_ Date \_\_\_\_\_  
(please print name) (signature)

**Secondary Major:** \_\_\_\_\_

Advisor: \_\_\_\_\_ Date \_\_\_\_\_  
(please print name) (signature)

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**PART III: (For Office Use Only) Dean's Permission**

Semester and year this change becomes effective: \_\_\_\_\_

Signature for CLAS Dean: \_\_\_\_\_ Date: \_\_\_\_\_