



New York City Campus
 Registrar
 Nyack College
 2 Washington St
 New York, NY 10004
 (646) 378-6192
 servicecenter@nyack.edu

Request for Double Major

Complete this form and return it to the Registrar's Office or servicecenter@nyack.edu

Name: _____ ID#: _____ Date: _____

Number of Credits to Date: _____ Cumulative GPA: _____

I am requesting to pursue a double major in:

*FIRST MAJOR

*SECOND MAJOR

*Be sure to include an Area of Study if needed

Catalog Year: _____

I understand that the criteria for earning a double major includes:

1. *Completing all course requirements for both majors*
2. *20 course credits in the second major may not overlap with major requirements in the first major*

REQUIRED SIGNATURES

Student: _____

Date: _____/_____/_____

1st Major Advisor: _____

Date: _____/_____/_____

1st Major Department Head: _____

Date: _____/_____/_____

1st Major School Dean: _____

Date: _____/_____/_____

2nd Major Advisor: _____

Date: _____/_____/_____

2nd Major Department Head: _____

Date: _____/_____/_____

2nd Major School Dean: _____

Date: _____/_____/_____

Provost: _____

Date: _____/_____/_____