UNIVERSITY OF CALIFORNIA, SAN DIEGO Office of the Registrar Student Services Center, Suite 261 9500 Gilman Drive # 0022 La Jolla, CA 92093-0022

## DOUBLE MAJOR PETITION

		☐ Original Form	☐ Revised (Date)	
Name:		PID:	Class Level:	
Last	First	Middle		
College:	Phone:(	) Email:		
Degree Objective:	Code:	Second Major:	□ BA □ BS Code:	
Lower Division Requirements		Lower Division Requirements		
	3		3	
2	4	2	2 4	
Upper-Division (Do not list overlaps)		Upper-Division (Do not list overlaps)		
Subject/Number	Subject/Number	Subject/Number	Subject/Number	
1	11	_ 1	11	
2	12	2	12	
3	13	_ 3	13	
4	14	4	14	
5	15		15	
6	16		16	
7	17		17	
8	18		18	
9	19		19	
10	20			
	List overlaps of upper division co	 ourses to satisfy requirement in both majo	ors	
1	2	3	4	
I verify that I have attached my S Student Signature:	tatement of Purpose and Academ	nic Planning Worksheet: Date:		
		Official Use Only	al Use Only Second Major	
☐ Approved ☐ Dis	sapproved	☐ Appr	oved   Disapproved	
Department/Program Authorization	Date		nthorization Date	
Units Completed:	Comments:		☐ Approved ☐ Disapproved	
Units Remaining:			a Approved a Disapproved	
Units Remaining.				