

Dual Major and/or Certificate Request Form

Students are encouraged to familiarize themselves with the Counselor Education department’s Dual Major or Certificate option prior to completion of this form.

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ID#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am requesting to ADD *or* DROP: Dual Major in:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Circle your selection)

***AND/OR***

**I am requesting to ADD *or* DROP: Certificate in:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Circle your selection)

**\* By signing below, I agree to immediately notify my academic advisor and the Office of Graduate Studies by email if I choose to drop the Dual Major or Certificate.**

**Note: Your Degree Audit will show the second Major added. The Certificate will not show except where noted in the “Notes” section of Degree Audit through your my.stetson.edu.**

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**Student Signature** **Date**

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**Academic Advisor Approval** **Date**

**Office of Graduate Studies** gradstudies@stetson.edu 386-822-7075 2.2018