

Double or Concurrent Major Approval

To be completed by BOTH Academic Advisors for each degree you are pursuing. Send completed forms to veterans@auburn.edu

STUDENT INFORMATION (please print)

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Student				
Name:				
AU ID #:				
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your	Veteran	Service Member	applicable chapter:	
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category:	Dependent	Survivor		
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Name of			College major	
Major:			is in?	
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MAJOR #1 APP	ROVED BY (please p	orint)		
Academic Adv	isor Name:			
Academic Adv	isor			
Phone #:				
Academic Adv	isor			
E-Mail Address	S:			
I have filled out	the above information	on and attached the stude	ent's Curriculum Sheet or	Plan of Study to this letter
academic advisor signature			date	
MAJOR #2 INFO	RMATION (please p	rint)		
Name of			College major	
Major:			is in?	
MAJOR #2 APP	ROVED BY (please p	orint)		
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