

Double or Concurrent Major Approval

To be completed by BOTH Academic Advisors for each degree you are pursuing. Submit completed forms at http://veterans.auburn.edu/required-documents/.

STUDENT INFORMATION (please print)

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Student Name:				
AU ID #:				
Please circle your	Veteran	Service Member	Please circle your applicable chapter:	30 31
applicable category:	Dependent	Survivor		33 35
				1606 1607
MAJOR #1 INFO	RMATION (please	orint)		
Name of Major:			College major is in?	
MAJOR #1 APPI	ROVED BY (please	print)	,	
Academic Adv	isor Name:			
Academic Advisor Phone #:				
Academic Advisor E-Mail Address:				
I have filled out	the above informat	ion and attached the stude	ent's Curriculum Sheet or	Plan of Study to this letter.
academic advisor signature			date	
MAJOR #2 INFO	RMATION (please	orint)		
Name of			College major	
Major:			is in?	
MAJOR #2 APPI	ROVED BY (please	print)	,	
Academic Adv	isor Name:			
Academic Advisor Phone #:				
Academic Adv E-Mail Address				
I have filled out	the above informat	ion and attached the stude	ent's Curriculum Sheet or	Plan of Study to this letter.
academ	ic advisor signatur			