



\_\_\_\_\_  
 UFID Name

**2) Program Plan (required for all students):** Create a program of study, listing all courses needed to complete both majors (including current semester). Any unapproved deviation from your program of study will result in loss of registration privileges. List all department and college requirements, including necessary prerequisites. Your department and college advisers should assist in creating a program of study.

CURRENT SEMESTER Course & Credit Hours	_____ SEMESTER Course & Credit Hours	_____ SEMESTER Course & Credit Hours	_____ SEMESTER Course & Credit Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ SEMESTER Course & Credit Hours	_____ SEMESTER Course & Credit Hours	_____ SEMESTER Course & Credit Hours	_____ SEMESTER Course & Credit Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Credits \_\_\_\_\_ Total Credits \_\_\_\_\_ Total Credits \_\_\_\_\_ Total Credits \_\_\_\_\_

**OBTAIN SIGNATURES IN THIS ORDER:**

**3) Requested College/Department – Approval of program plan and authorized signature:**

\_\_\_\_\_  
 Major Degree

Comments/Conditions: \_\_\_\_\_

\_\_\_\_\_ Approved      \_\_\_\_\_ Denied

\_\_\_\_\_  
 Signature of Requested Department's Authorized Representative Date

\_\_\_\_\_  
 Signature of Requested College's Authorized Representative Date

**4) Current Major/Department – Approval of program plan and authorized signature:**

\_\_\_\_\_  
 Major Degree

Comments/Conditions: \_\_\_\_\_

Total Credit Hours Needed for Both Majors \_\_\_\_\_ (minus accelerated mechanisms)

\_\_\_\_\_ Approved      \_\_\_\_\_ Denied

\_\_\_\_\_  
 Signature of Current Department's Authorized Representative Date

\_\_\_\_\_  
 Signature of Current College's Authorized Representative Date

**After obtaining all approvals, you MUST return this form to the Office of the University Registrar, 222 Criser Hall.**