

Name _____ Major _____
 Last First Middle
 SSN _____ Degree Sought: BA ___ BS ___ BAJur ___
 Local Address _____ (Zip) _____
 Phone: residence _____ Expected date of graduation _____ 20 ____
 business _____ (quarter) (year)

Have you filed a degree application in the college office? Yes ___ No ___ (NOTE: This form is **NOT** a degree application)
 If completing two majors, list both below and file a separate form for each one:

1.) _____ 2.) _____

Major Program (Minimum grade of "C-" required. Minimum grade average of "C" (2.00) Option (A-F) _____

Math	151	5	Grade	Physics	131	5	Grade	Tech Electives	_____	Hours	—	Grade	_____
Math	152	5	_____	Physics	132	5	_____	Tech Electives	_____	Hours	—	Grade	_____
Math	153	5	_____	Physics	133	5	_____	Tech Electives	_____	Hours	—	Grade	_____
Math	254	5	_____	Physics	261	4	_____	Tech Electives	_____	Hours	—	Grade	_____
Math	415	4	_____	Physics	262	4	_____	Tech Electives	_____	Hours	—	Grade	_____
Math	513	3	_____	Physics	263	4	_____	Tech Electives	_____	Hours	—	Grade	_____
				Physics	295	1	_____	Tech Electives	_____	Hours	—	Grade	_____
				Physics	416	4	_____	Tech Electives	_____	Hours	—	Grade	_____
				Physics	555	4	_____	Tech Electives	_____	Hours	—	Grade	_____
				Physics	596	3	_____	Tech Electives	_____	Hours	—	Grade	_____
				Physics	616	4	_____						
				Physics	621	4	_____						
				Physics	631	4	_____						

Total Hours (3-40)

Total Hours 78

Additional Required Physics	Hours	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Hours (0-28)

Free Electives	Hours	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Free Electives	Hours	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Hours (Varies)*

*If 2nd Writing is double counted and drop-a-course is invoked, then Additional Required Physics+ Technical Electives+ Free Electives=43 Hours

Total Hours 191

Check whether this is: original ___ revision ___ _____

Signature of faculty adviser

Distribution: One copy each-Faculty Adviser

Name of adviser (please print)
Department _____
Campus phone _____
Date _____

College Office- Denny Hall, Room 130