



Great Bay
Community College

320 Corporate Drive
Portsmouth, NH 03801
Phone: (603) 427-7610
FAX: (603) 334-6308

Spring Summer Fall Year _____

DUAL MAJOR FORM

INSTRUCTIONS

1. Complete ALL information below.
2. Return completed with ALL signatures to the College Services One Stop

PLEASE PRINT — Complete all information requested below

DUAL MAJOR: DO NOT USE this form for Advanced Composite Manufacturing, Aviation Technology, Nursing, Surgical Technology, Veterinary Practice Management, Veterinary Technology or Welding.

Students may earn additional Associate Degrees or Certificates within programs either by concurrent completion of the requirements of the several degrees or by subsequent study after the first degree is received.

The requirements for earning additional degrees are as follows:

1. Complete all requirements of each program of study, including general education requirements; and
2. Earn a minimum of 15 additional credits at the college beyond those required for the first and subsequent degrees.

Students must be matriculated in both degree programs or degree/certificate programs.

NAME: _____		Student ID#	A																	
MAILING ADDRESS										PHONE NUMBERS										
Number and Street: _____										Primary Phone: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work										
P.O. Box: _____										Secondary Phone: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work										
City, State, Zip: _____										Email Address: _____										

Current Program Major: _____ Degree Certificate

Desired Additional Major: _____ Degree Certificate

My Requested Primary Major: _____ (for Financial Aid and Advisor assignment)

By my signature below, I understand that:

1. The appropriate college officials will review this request for possible approval.
2. Courses previously taken at Great Bay may not transfer to my additional program.
3. Courses previously transferred to Great Bay may not transfer to my additional program.

Student Signature: _____ **Date:** _____

Advisors Signature: _____ **Date:** _____
(must have desired second program advisor's signature to complete dual major petition)

REGISTRAR'S OFFICE USE ONLY

SFAREGS Curricula Catalog Term: _____ Primary Major _____
 Curricula Catalog Term: _____ Secondary Major _____

Transfer Credit(s) Reviewed NO YES, If YES: Reviewed Date _____

Comments: _____

Academic Standing Reviewed Effective Term: _____ Initials: _____ Date: _____

Comments: _____
