University of South Carolina Application for Second Major

PLEASE PRINT CLEARLY AND FIRMLY Date:______ SSN:____ Student Name: Local Mailing Address: City, State, Zip: Local Phone: E-Mail: College:______ Major:_____ **Degree:** _____ REQUEST FOR A SECOND MAJOR IN _____ Student's Signature:______ Date:_____ Dean's Approval:_____ (Dean of first major) **Date:______ Effective for _____/__ Term** Code:_____ **Comments:** Distribution (after approval by Dean of first major): Department of Second Major

Student