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): *Dean*
Department of Second Major
Student

College of Liberal Arts 6/99