

Georgia College & State University
Minor/Second Major Form
(To accompany the Undergraduate Application for Graduation)

Name _____
(Last, First, Middle)

SSN _____

First Major _____ Term of proposed graduation _____

Minor _____

Course numbers and hours needed to complete minor:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Minor Department Adviser's signature _____ **Date** _____

Minor Department Chairperson's signature _____ **Date** _____

Second Major _____

Course numbers and hours needed to complete second major:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Second Major Adviser's signature _____ **Date** _____

Second Major Chairperson's signature _____ **Date** _____