

Minor/Double Major Form

- Depending on your request, complete section 1, 2, 3 or 4.
- You may declare a maximum of two minors. Note that minors are not mentioned on the degree certificate.
- Please email the completed form to registration@aus.edu

_____ Name	_____ Student ID	_____ Semester (e.g., Fall 2013)
_____ Present Major (and concentration if any)	_____ Class (e.g., freshman)	_____ Mobile Number

1	<input type="radio"/> I request to declare a minor 1 in: _____
2	<input type="radio"/> I request to declare a minor 2 in: _____
3	<input type="radio"/> I request to cancel my minor in: _____

_____ Student's signature	____/____/____ DD MM YYYY
_____ Signature of Head of the Department of the Minor	____/____/____ DD MM YYYY
_____ Signature of the Associate Dean of the student <small>(NOT the Associate Dean of the Minor)</small>	____/____/____ DD MM YYYY

4	<input type="radio"/> I request to declare/cancel my second major in: _____ With concentration in: _____ <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center; padding: 10px;"> _____ Student's Signature </td> <td style="width: 50%; text-align: center; padding: 10px;"> ____/____/____ DD MM YYYY </td> </tr> <tr> <td style="text-align: center; padding: 10px;"> _____ Signature of Head of the Department of the Second Major </td> <td style="text-align: center; padding: 10px;"> ____/____/____ DD MM YYYY </td> </tr> <tr> <td style="text-align: center; padding: 10px;"> _____ Signature of the Associate Dean of the Second Major </td> <td style="text-align: center; padding: 10px;"> ____/____/____ DD MM YYYY </td> </tr> </table>	_____ Student's Signature	____/____/____ DD MM YYYY	_____ Signature of Head of the Department of the Second Major	____/____/____ DD MM YYYY	_____ Signature of the Associate Dean of the Second Major	____/____/____ DD MM YYYY
_____ Student's Signature	____/____/____ DD MM YYYY						
_____ Signature of Head of the Department of the Second Major	____/____/____ DD MM YYYY						
_____ Signature of the Associate Dean of the Second Major	____/____/____ DD MM YYYY						

Return the form to the Office of the Registrar Office of the Registrar's Signature _____	____/____/____ DD MM YYYY
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