

## MAJOR OVERLAP FORM

Name \_\_\_\_\_

Camel Number \_\_\_\_\_

Class Year \_\_\_\_\_

Students with more than one major must complete a Major Overlap form and have it signed by both major advisers. A copy of the form should be made for each adviser, for the department's records; please retain the original for your own records.

**A major must consist of at least nine and no more than fifteen semester courses (typically 36 to 60 credit hours), unless otherwise dictated by the standards of a professional society. At least six of these courses must be at the 200 level or higher, with at least two at the 300 level or higher. Only a certain number of courses may be counted in common between the requirements for two separate majors:**

- ☐ If the total number of combined semester courses for the two majors is **fewer than twenty-four, three** courses may be counted in common. Check the box to indicate which course(s) will be counted in common towards both majors.
- ☐ If the total number of combined semester courses for the two majors is at **least twenty-four and fewer than thirty, four** courses may be counted in common. Check the box to indicate which course(s) will be counted in common towards both majors
- ☐ If the total number of combined semester courses for the two majors is **thirty or more, five** courses may be counted in common. Check the box to indicate which course(s) will be counted in common towards both majors.

If more than the designated three, four, or five courses in common are required between the two majors, then an equivalent number of courses need to be added as electives.

### MAJOR 1

Number of courses required for the major: \_\_\_\_\_

Concentration: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_

### MAJOR 2

Number of courses required for the major: \_\_\_\_\_

Concentration: \_\_\_\_\_

- |                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | 1. _____  |
| <input type="checkbox"/> | 2. _____  |
| <input type="checkbox"/> | 3. _____  |
| <input type="checkbox"/> | 4. _____  |
| <input type="checkbox"/> | 5. _____  |
| <input type="checkbox"/> | 6. _____  |
| <input type="checkbox"/> | 7. _____  |
| <input type="checkbox"/> | 8. _____  |
| <input type="checkbox"/> | 9. _____  |
| <input type="checkbox"/> | 10. _____ |
| <input type="checkbox"/> | 11. _____ |
| <input type="checkbox"/> | 12. _____ |
| <input type="checkbox"/> | 13. _____ |
| <input type="checkbox"/> | 14. _____ |
| <input type="checkbox"/> | 15. _____ |
| <input type="checkbox"/> | 16. _____ |
| <input type="checkbox"/> | 17. _____ |
| <input type="checkbox"/> | 18. _____ |

Major 1: \_\_\_\_\_

Student Signature

Advisor Signature

Date

Major 2: \_\_\_\_\_

Student Signature

Advisor Signature

Date