

Harvey Mudd College
Application for an Off Campus Second Major

Name: _____ ID#: _____ Class of: _____

Off-Campus Second Major _____ at (College) _____

Student Signature _____ Date _____

(To Off-Campus Department Chair: You should sign this application only if your department is willing to allow this student to have the same priority for admission to your departmental courses as your own majors, and if your department is willing to provide a major advisor for the student. Ordinarily, we assume that a student's choice to pursue an off-campus major is being made with the encouragement of some relevant faculty member who might serve as an advisor.)

Name and Signature of Off-Campus Dean of Faculty _____

Name and Signature of Off-Campus Department Chair _____

Name and Signature of Off-Campus Major Advisor _____

Courses proposed to meet off campus major requirements (indicate course number and title):*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

***Initial all course changes made above as they occur.**

Name and Signature of Off-Campus Major Advisor

Date Revised