

Application for an Off-Campus Second Major

Office of the Registrar 301 Platt Boulevard Claremont, CA 91711

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Student Name:			Student ID:	Class Of:	:
Current HMC Majo	or:				
Off-Campus Second	l Major:		at (College):		
must notify the HMC Reg major requires a minim advisor and the HMC Ass "double counted" to satis:	gistrar and your advisors if tum of 10 full courses (30 sociate Dean for Academic fy the OCM major and the	there is any ounits); if the Affairs regard HMC major is	estitutions with the approval of change to your planned progra- major department requires fer rding supplemental courses. No requirements. Any double cou- ill be approved by the chairs of	am of study. The off- wer, consult the off-color more than four counting of courses between	campus ampus major arses may be ween the
Courses proposed to	o meet off-campus sec		_	HMC	Double
	Course Number	College	Course Title	Units	Counting?
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
Capstone (If required) 10)					
Optional or Capstone 11)					
Optional 12)					

Total

I understand that beyond the major, humanities and social sciences, and arts and common core requirements, I must satisfactorily complete the minimum number of credit hours of courses required for graduation according to the catalog I matriculated under, with a major GPA of at least 2.0, to graduate. I understand that no more than four courses in the off-campus major may be "double counted" to satisfy the HMC major requirements.

Student Signature:		
Required Signatures		
It is recommended that you obtain these in the order listed below.		
Off-Campus Major Advisor Name (Print):	_	
Off-Campus Major Advisor Signature:	Date:	
Off Campus Department Chair: You should sign this application only if your department have the same priority for admission to your departmental courses as your own college's willing to provide a major advisor for the student. The off-campus major curriculum shorequirements for your own college's majors.	s majors, and if your department is	
Off-Campus Department Chair Name (Print):	_	
Off-Campus Department Chair Signature:	Date:	
Off-Campus Dean of Faculty Name (Print):		
Off-Campus Dean of Faculty Signature:	Date:	
HMC HSA Advisor Name (Print):		
HMC HSA Advisor Signature:	Date:	
HMC ADAA Name (Print):		
HMC ADAA Signature:	Date:	
HMC Registrar Name (Print):		
HMC Registrar Signature:	Date:	