FRANKLIN & MARSHALL

OFFICE OF THE REGISTRAR

Joint Major Projection

Student Name: _____

College ID #: _____ Grad Year: _____

Department 1: _____

Adviser: _____

Required Courses:

_____

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_____
Department 1 Adviser Signature

_____
Department 1 Chair Signature

_____
Date

Department 2: _____

Adviser: _____

Required Courses:

_____

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_____

_____
Department 2 Adviser Signature

_____
Department 2 Chair Signature

_____
Date

Please attach a brief rationale (300-500 words) for this joint major.

_____ _____
Associate Dean of the Faculty Signature Date

THIS FORM MUST ACCOMPANY THE MAJOR DECLARATION FORM.

NOTE: The student and faculty adviser should retain a copy of this form for their records.