

Jackson State University
College of Business

APPLICATION FOR DOUBLE MAJOR

Name _____ J Number _____

Local Address/City/State/Zip _____

Home Address, City, State, Zip _____

JSU Email Address _____ Telephone _____

Current Major in the College of Business

Current Major _____ Department _____

Proposed Second Major in the College of Business

Proposed Second Major _____ Department _____

Number of Credit Hours Completed in Residence at Jackson State University *Note: Please attach a copy of your unofficial Jackson State University academic transcript to this application.*

Credit Hours Attempted _____ Credit Hours Earned _____ Institutional GPA _____

Rationale for pursuing a second major in the College of Business

I have read the requirements and wish to pursue the double majors indicated above as listed under current major and proposed major. Submit completed and signed application to the Registrar and Records Office.

Student Signature _____ Date _____

Approval Levels

Current Academic Department

Faculty Advisor _____ Date _____

Department Chair _____ Date _____

Proposed Second Academic Department

Prospective Faculty Advisor _____ Date _____

Department Chair _____ Date _____

College of Business Dean's Office

Associate Dean _____ Date _____