

PLEASE REVIEW ALL INSTRUCTIONS CAREFULLY TO ENSURE PROPER COMPLETION OF THIS FORM.

Return to: Office of the University Registrar via the Secure Document Upload at <https://registrar.ufl.edu/forms>
Office of the University Registrar, PO Box 114000, Gainesville, FL 32611-4000

UFID	Name
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2) Program Plan (required for all students): Create a program of study, listing all courses needed to complete both majors (including current semester). Any unapproved deviation from your program of study will result in loss of registration privileges. List all department and college requirements, including necessary prerequisites. Your department and college advisers should assist in creating a program of study.

CURRENT SEMESTER _____ Course & Credit Hours _____ _____ _____ _____ _____	SEMESTER _____ Course & Credit Hours _____ _____ _____ _____ _____	SEMESTER _____ Course & Credit Hours _____ _____ _____ _____ _____	SEMESTER _____ Course & Credit Hours _____ _____ _____ _____ _____
SEMESTER _____ Course & Credit Hours _____ _____ _____ _____ _____	SEMESTER _____ Course & Credit Hours _____ _____ _____ _____ _____	SEMESTER _____ Course & Credit Hours _____ _____ _____ _____ _____	SEMESTER _____ Course & Credit Hours _____ _____ _____ _____ _____
Total Credits _____	Total Credits _____	Total Credits _____	Total Credits _____

OBTAIN SIGNATURES IN THIS ORDER:

3) Requested College/Department – Approval of program plan and authorized signature:

Major Title (i.e. Psychology)	Academic Plan (i.e. PSY_BS)	Academic Subplan (i.e. PSY_BS01)
Comments/Conditions: _____		
_____ Approved _____ Denied		

Signature of Requested Department's Authorized Representative	Date
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Signature of Requested College's Authorized Representative	Date
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4) Current Major/Department – Approval of program plan and authorized signature:

Major Title (i.e. Psychology)	Academic Plan (i.e. PSY_BS)	Academic Subplan (i.e. PSY_BS01)
Comments/Conditions: _____		

Total Credit Hours Needed for Both Majors _____ (minus accelerated mechanisms)

_____ Approved _____ Denied

Signature of Current Department's Authorized Representative	Date
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Signature of Current College's Authorized Representative	Date
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