

# Savannah Technical College

## Request for Dual Major/Change of Dual Major

*Students declaring a Dual Major must do so only in the following combinations:*

If the student's Primary Major is:	The student's Secondary Major must be:
Associate Degree	Associate Degree
Diploma	Diploma or Technical Certificate of Credit
Technical Certificate of Credit	Technical Certificate of Credit

**\*\*Both Majors must be in a related field of study\*\***

**\*\*Student must meet Regular Admissions requirements for both programs\*\***

**\*\*Student must have completed 50% or more of the primary program \*\***

**\*\*Minimum grade point average of 2.5 cumulative average\*\***

**\*\*Student must enroll in at least one course from each major and verify financial aid status\*\***

*To be completed by student*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Student ID #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(Form will not be processed without ID number)

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**If you are NOT CURRENTLY enrolled** as a dual major student, list your program of study below along with the program that you would like to add.

My current program is: 1) \_\_\_\_\_ Degree Diploma Certificate  
 Concentration: \_\_\_\_\_

I would like add: \_\_\_\_\_ Degree Diploma Certificate  
 Concentration: \_\_\_\_\_

**If you are CURRENTLY enrolled** as a dual major student, list both programs of study below and notate what program(s) should be changed.

My current program: 1) \_\_\_\_\_ Degree Diploma Certificate  
 Concentration: \_\_\_\_\_  
 No change / remove / change to: \_\_\_\_\_ Degree Diploma Certificate  
 Concentration: \_\_\_\_\_

My current program: 2) \_\_\_\_\_ Degree Diploma Certificate  
 No change / remove / change to: \_\_\_\_\_ Degree Diploma Certificate  
 Concentration: \_\_\_\_\_

*I acknowledge that I am aware that a change in program level will affect my financial aid eligibility and/or type of financial award. I am aware that I must seek financial aid counseling and will be responsible for any balance that occurs as a result of a change in program and/or determination of ineligibility or reduction in award of financial aid.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Form will not be processed without signature and date)

**For Office Use Only**  
 The above named student \_\_\_ meets program requirements \_\_\_ does not meet regular admissions program requirements for both programs.

RDG \_\_\_\_\_ ENG \_\_\_\_\_ MAT \_\_\_\_\_ ALG \_\_\_\_\_ GPA \_\_\_\_\_

Evaluated by: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluated by: \_\_\_\_\_ Date: \_\_\_\_\_