

Stonehill College

Double Major Four-Year Plan

* This form must accompany the Declaration or Change of Major/Concentration Form

STUDENT I.D. NUMBER: _____ DATE: _____

NAME: _____ YEAR OF GRAD: _____

CURRENT MAJOR 1. _____ CURRENT MAJOR 2. _____

List below all courses that you have taken and plan to take at Stonehill College. Be certain you will be able to complete all the requirements of both majors as well as your general education program. If you need assistance completing this form please see your advisor or an advisor in the Office of Academic Services.

Year	Fall Semester Course and Title	Spring Semester Course and Title
First Year	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.
Sophomore	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.
Junior	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.
Senior	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.

STUDENT SIGNATURE: _____ DATE: _____