

SEAVER COLLEGE: APPLICATION FOR A CONTRACT MAJOR

As an alternative to one of the majors listed in the Seaver College catalog, students with at least 30 units of college credit and a minimum GPA of 2.5 may initiate a special contract for an individualized major. The student must complete at least 45 units at Seaver College, at least 30 units of which must be part of the contract, following the signing of the contract for the individualized major.

Please Print or Type:

Student Name: Last _____ First _____ M.I. _____ ID No. _____

Campus Box No. _____ Phone No. _____ - _____ - _____ Anticipated Graduation Date: _____

Entering Catalog Year: _____ Class Level: ___ Freshman ___ Sophomore ___ Junior ___ Senior

Contract Major Title: _____ B.A. _____ B.S. _____

Courses Required for Major:

(Example) Economic Principles ECON 200 (4)

| Title | Dept/Course # | Units | Title | Dept/Course # | Units |
|-------|---------------|-------|-------|---------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

I understand that changing my major alters my requirements for graduation. I have thoroughly reviewed the course requirements for my new major and understand what is expected of me. I will consult my assigned advisor as soon as possible to discuss my new program of study.

Student Signature: _____ Date: _____

Initial approval from divisional deans involved in proposed contract major (signatures required):

 ___ Division Dean Signature _____ Date _____ Grant Deny

 ___ Division Dean Signature _____ Date _____ Grant Deny

The Committee Members below have read the above course requirements and agree to them (signatures required):

 Committee Chair (Student Advisor) _____ Date _____ Faculty Committee Member _____ Date _____

 Faculty Committee Member _____ Date _____ **PLEASE MAKE SIGNATURES LEGIBLE!**

DECISION _____ Approved _____ Denied _____

| | | |
|---------------------------------|-----------------------|-------------|
| | Signature/Title _____ | Date _____ |
| Advisor changes input by: _____ | | Date: _____ |
| Major changes input by: _____ | | Date: _____ |