College of Science
New Degree Plan Request

Date: ______________________  Student ID: ______________________

Last Name: ______________________  First Name: ______________________  MI: ______

Address: ______________________  City: ______________________  State: ______________________

Zip Code: ______________________  Telephone: ______________________  E-mail: ______________________

Major: ______________________  Second Major: ______________________

Minor*: ______________________  Second Minor: ______________________

Secondary Education Certification:

* You cannot major and minor in the same department. If your major does not require a minor, enter No minor required. Some majors require a specific minor. If you want to get a Secondary Education Certification, enter Secondary Education as minor.

** If you chose another minor, or if your major does not require a minor, enter Certification Not Required.

Submit