

Rationale for Co-Major Professors

Use this form to request co-major professors on your committee.
Please submit this form with a completed committee appointment form.

Student Name: _____

Email: _____ Vandal/ID#: _____

Please provide a statement from at least one professor that describes the academic benefit of co-major professors on the committee.

Primary Major Professor: _____ Signature: _____ Date ___/___/___

Primary Major Professor is responsible for approving all Banner Workflow requests including study plan, graduation application, etc.

Co-Major Professor: _____ Signature: _____ Date ___/___/___

Department Chair Name: _____ Signature: _____ Date ___/___/___

COGS Signature: _____

Date Received: _____

Approved? Y N