Students may complete the requirements for a double major/concentration while registered within the same faculty/school at AUB upon approval of the Faculty concerned (same degree structure). In such a case, a student will be granted one degree with a double major/at graduation. OSB students, who wish to graduate with more than one concentration, must complete 9 credit hours for each additional concentration.

All final admissions decisions depend on the overall quality of the eligible applicant pool and the number of available places in the faculty concerned for the semester in question. The applications are treated in terms of grade requirements similar to transfer applications across faculties/schools.

**General Information**

Students may apply for a double major/concentration after the completion of at least two regular semesters in the initial program.

1. Students must be in good academic standing to apply for a double major. Good academic standing means that the student is not on probation.

2. Double major application deadline is May 30 for the fall term, and December 1 for the spring term.

3. Students wishing to withdraw from a double major must do so in writing to the Registrar's Office and faculty concerned.

4. Applications must be submitted to the Faculty Dean’s Office/Student Section offering the program of the double major.

5. Students will receive one diploma with both majors they completed at graduation.

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ID number: ________________  E-mail: ___________________  Mobile:____________________

Last name: __________________  First name: __________________

Current major: ________________  Faculty: __________________

Double major: ________________  Faculty: __________________

Academic standing: ______  Overall average: ___________  Credits earned: ___________

To start  □ Fall  □ Spring  Semester of the academic year: _______ / _______

Signature of Student: __________________  Date: __________________________

Name of adviser in current major: __________________

Signature of adviser in current major: __________________  Date: __________________
Double Major Form

Recommendation of chairperson/coordinator dept. of double major: ____________________________

Name of double major/academic adviser: ____________________________

Signature of chairperson/coordinator: ____________________________ Date: ____________________________

Faculty / School Decision  □ Approved  □ Rejected

Comments: ____________________________

Signature: ____________________________ Date: ____________________________

To be filled by the Registrar’s Office only

| Received by: ____________________________ | Date: ____________________________ |
| Implemented by: ____________________________ | Date: ____________________________ |
| Referred to: ____________________________ | Date: ____________________________ |