DOUBLE MAJOR – MINOR COURSE ENROLLMENT PETITION

FACULTY OF HEALTH SCIENCES
TO THE DEPARTMENT CHAIR OF ……

Since I have been placed in the program specified below in your department, I would like to take the courses listed below during the period stated.

Submitted for your information and necessary action.

Date : … / … / 20..
Name Surname :
Signature :

(Please fill in all fields.)

Student Number	
Department / Program	
Class	
Mobile Phone	
Email Address	
Academic Year	
Course Term	☐ FALL ☐ SPRING
Program Type	☐ Double Major ☐ Minor
Program You Have Been Placed In	

COURSES I WILL TAKE

S/N	Course Code	Course Title	Program

APPROVED
Advisor
… / … / 20..

APPROVED
Department Chair
… / … /20..