



UNIVERSITY
OF MANITOBA

Faculty of Arts

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DOUBLE MAJOR DECLARATION FORM
BACHELOR OF ARTS GENERAL OR ADVANCED DEGREE

SURNAME: _____ GIVEN NAME: _____

STUDENT NO: _____ DEGREE PROGRAM: B.A. GENERAL _____ B.A. ADVANCED _____

TERM: FALL 20 _____ WINTER 20 _____ SUMMER 20 _____

MAJOR 1: _____ MAJOR 2: _____

STUDENT'S SIGNATURE: _____ DATE: _____

MINOR DECLARATION FOR HONOURS STUDENTS

SURNAME: _____ GIVEN NAME: _____

STUDENT NO: _____

TERM: FALL 20 _____ WINTER 20 _____ SUMMER 20 _____

MINOR: _____

STUDENT'S SIGNATURE: _____ DATE: _____

Student must have the required 6 credit hours of the minor program completed at the time of declaration

FOR OFFICE USE ONLY

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COMMENTS: _____

DATE: _____

STAFF SIGNATURE: _____

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