

## OFF-CAMPUS MAJOR DEGREE AUDIT FORM

**Instructions to declare an off-campus major:**

- **Make an appointment** with the department chair/program coordinator of your off-campus major to review your transcript and identify your progress toward completing this major.
- **List all coursework** for your off-campus major. Be as specific as possible. The department chair/program coordinator must sign off on your audit and approve any waivers or substitutions.
- **Add an Off-Campus Major Academic Advisor.** Academic advisors should be faculty members knowledgeable in the field(s) of your off-campus major.
- **Return** this completed form to CMC's Office of the Registrar and Institutional Research. Our office will confirm your required general education requirements, after which the student must sign.

**Student Section**

Student Name (please print): \_\_\_\_\_ Student ID: \_\_\_\_\_

Off-Campus Major: \_\_\_\_\_ Sponsoring College: \_\_\_\_\_

Will you write your senior thesis in this major?      Yes    No    Unsure

If you are pursuing a second major, list it here: \_\_\_\_\_  Dual    Double

If you are pursuing a CMC sequence, list it here: \_\_\_\_\_

**Off-Campus Department Chair/Program Coordinator/Advisor Section**

**Major Courses:**

Course #	Title	Semester	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Department Chair/Program Coordinator:**

\_\_\_\_\_

*Department Chair/Program Coordinator Name (please print)     Signature     Date*

**Off-Campus Major Academic Advisor:**

\_\_\_\_\_

*Advisor Name (please print)     Signature     Date*

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**OFF-CAMPUS MAJOR DEGREE AUDIT FORM**
**Office of the Registrar Section**

<b>Summary of CMC General Education Requirements</b>			
<u>Category</u>	<u>General Education Requirement</u>	<u>Semester</u>	<u>Grade</u>
<b>Core GEs</b>	FHS 010 CM	_____	_____
	FWS 010 CM	_____	_____
	Foreign Language	_____	_____
	Math/Computer Science	_____	_____
	Lab Science	_____	_____
	Physical Education	_____	_____
	Thesis	_____	_____
<b>Social Science</b>	Economics	_____	_____
	Government	_____	_____
	History	_____	_____
	Psychology	_____	_____
<b>Humanities</b>	Foreign Literature	_____	_____
	Literature	_____	_____
	Philosophy	_____	_____
	Religious Studies	_____	_____
Total Social Science GE courses required: _____			
Total Humanities GE courses required: _____			
Comments: _____			
_____			
_____			
_____			
_____			
_____	_____	_____	_____
<i>Registrar Official (please print)</i>	<i>Signature</i>	<i>Date</i>	

**Student Signature**

I have read and understood the major requirements and the general education (GE) requirements necessary for this major.		
_____	_____	_____
<i>Student Name (please print)</i>	<i>Signature</i>	<i>Date</i>