



Office of the Registrar
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UNDERGRADUATE
COMPLETION OF SECONDARY GOAL

Procedure to Complete Secondary Goal

- Present this form to the certifying Department Chairperson after completion of all requirements of the second major program or minor program.
- Upon certification, return this form to the Office of the Registrar for processing.

All information is required to process this form.

Student Information *(To be completed by the student)*

| | | | |
|--------------------------------|-------------------------------|---------|-------------|
| Last Name | First Name | Initial | |
| Street Address | City | State | Postal Code |
| (_____) _____ | _____ | | |
| Preferred Contact Phone Number | Student Identification Number | | |

Student Certification

I affirm that I am adding the secondary goal as stated below.

| | |
|----------------------|------|
| Signature of Student | Date |
|----------------------|------|

Completion of Secondary Major Program *(To be completed by the Department Chairperson)*

By my signature, I certify that all requirements of the secondary major program stated below have been completed.

Secondary Major Program: _____

Signature of Department Chairperson: _____

Completion of Minor Program *(To be completed by the Department Chairperson)*

By my signature, I certify that all requirements of the minor program stated below have been completed.

Minor Program: _____

Signature of Department Chairperson: _____

Office Use Only

Goal Completed: ____/____/____ By: _____