Center for Enrollment Services
Office of Records and Registration

Dual Degree Request Form

Requirements:

1. Must meet the requirements for both degrees
2. Must complete a minimum of 33 credit hours beyond that required for a single degree
3. Must submit applications to graduate to each College conferring a degree

Name: _____ **Student ID Number:** _____

Current Program: _____ **Catalog Term:** _____

Expected Graduation Term: _____

This is a request to: ☐ **Add** ☐ **Remove**

Secondary Program: _____

Secondary Concentration: _____

Comments:

Student: _____ _____ **Date:** _____
(Printed Name) (Signature)

Primary Academic Advisor: _____ _____ **Date:** _____
(Printed Name) (Signature)

Secondary Academic Advisor: _____ _____ **Date:** _____
(Printed Name) (Signature)

If Required by College:

Primary Dean: _____ _____ **Date:** _____
(Printed Name) (Signature)

Secondary Dean: _____ _____ **Date:** _____
(Printed Name) (Signature)

Student, primary, and secondary advisor signatures are required for all actions. Primary advisor signature is required for all removals. College Dean signature dependent upon college.