Sul Ross State University Records and Registration BAB 104 – (432) 837-8862

Dual Degree Request Form

Requirements:				
 Must meet the rec Must complete a Must submit appl 	minimum of 33 c	redit hours beyon	d that required for a single degree ge conferring a degree	
Name: Current Program:			Student ID Number:	
			Catalog Term:	
Expected Graduation Terr	n:			
This is a request to:	Add	Remove		
Secondary Program:				
Secondary Concentration:				
Comments:				
S4 J 4			Data	
Student:(Printed Name)		(Signature)	Date:	
Primary				
Academic			Deter	
Advisor:(Printed Name)		(Signature)	Date:	
Secondary				
Academic				
Advisor:		(Signature)	Date:	
If Required by College:				
Primary				
Dean:			Date:	
(Printed Name)		(Signature)		
Secondary				
Dean: (Printed Name)		(Signature)	Date:	

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.