

DUAL DEGREE APPROVAL FORM

This part is to be completed by the student, submitted to the concerned department chairperson for consideration. Please refer to the Dual Degree regulations postulated in the Undergraduate Catalog for further information.

Student's Name		ID Number	
Current Degree Major		Earned Credits	CGPA
New Degree Major		College	
Student's Signature:		Date:	

Recommendation of the Faculty Advisor	Approve	Do Not Approve
Justification:		
Signature: _____ Date: _____		

Recommendation of the Department and College of Current Degree			
Chairperson:		Dean:	
Approve	Do Not Approve	Approve	Do Not Approve
Signature/Date		Signature/Date:	

Recommendation of the Department and College of New Degree			
Chairperson:		Dean:	
Approve	Do Not Approve	Approve	Do Not Approve
Signature/Date		Signature/Date:	

VP for Academic Affairs	
Approve	Do Not Approve
Justification and Conditions:	
Signature: _____ Date: _____	

Registrar's Office	
Comments and final action	
Signature	Date