

Request for Additional Degree



Student's Last Name _____ First Name _____ M.I. _____

Student ID# _____ Current Phone Number _____

First Degree:		Major Field of Study:	
Additional Degree:		Major Field of Study:	

It is recommended that the subsequent degree be granted contingent upon the following:

1. Successful completion of the _____ semester credit hours remaining in the major for initial degree program as stated in the []-[] catalog and represented by the following courses:

Course Number	Course Title	Credit Hours

2. Successful completion of at least ten (10) unduplicated semester credit hours remaining in the major for additional degree program as stated in the []-[] catalog and requested by the following courses:

Course Number	Course Title	Credit Hours

NOTE: This form must be accompanied by the student file, transcript, and copies of the suggested curriculum for the initial degree and the subsequent degree when submitted to the dean.

Student's Signature		Date	
Faculty Advisor's Signature		Date	
Dean's Signature		Date	

[] Approved [] Disapproved

Comments:

Original: [] Student file, Student Affairs
 [] Student
 [] Assigned Advisor
 [] Dean