

Permission to Enroll in a Secondary Degree Program

Academic Information		
Last Name (Current Name on SB Records)	First Name	Student I.D. No. (not Social Security #)
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered NO to both questions, indicate your immigration status:	
Are you a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you participating in a certificate program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Academic Level (circle one) G1 G2 G3 G4 G5	
Signature of Student _____ Date _____		
<p>The student listed above has approval to work concurrently towards the second degree (or certificate) listed below. We understand that by adding an additional degree program the time limits for the first degree remains the same and the student must complete the second program within the time limit for the original program completion. By signing below, we certify that we have reviewed the student's transcript and have developed a completion plan for both degrees. We understand that tuition scholarships may only be used for coursework pursuant to the program for which it was awarded, and that the student must be enrolled fulltime to receive a tuition scholarship. We understand that a maximum of 12 graduate credits earned prior to the student being accepted into the second program can be applied to the second program. Credits applied to the degree requirements of a primary program cannot be applied towards the degree requirements of a second degree program. <i>International students must get this form signed by International Services.</i></p>		

Primary Degree Program		
Primary Program	Degree Plan (circle one) MA MBA MFA MM MS DA DMA PhD	Matriculation Date (circle one) Fall Spring Summer 20 ____
Student's Primary Program Advisor (Please Print) _____		
Advisor's Signature _____ Date _____		
Student's Graduate Program Director (Please Print) _____		
GPD's Signature _____ Date _____		

Secondary Degree Program (not Certificates)		
Primary Program	Degree Plan (circle one) MA MBA MFA MM MS DA DMA PhD	Semester Start (circle one) Fall Spring Summer 20 ____
Student's Graduate Program Director (Please Print) _____		
GPD's Signature _____ Date _____		

Visa & Immigration Services Signature (if required): _____ Date: _____
For Graduate School & School of Professional Development Use Only:
<input type="checkbox"/> Denied & Reason: _____ Date: _____
<input type="checkbox"/> Approved & Processed: _____ Date: _____
Signature

Graduate School: 2401 Computer Science Bldg.
 School of Professional Development: 2321 Computer Science Bldg.

It is the policy of the Graduate School & School of Professional Development to abide by University, federal, and state laws. For more information on our policies, visit the Graduate Bulletin.