

REQUEST FOR DUAL DEGREE

Undergraduate & Continuing Studies Students

OFFICE OF THE REGISTRAR
220 PAWTUCKET STREET, UNIVERSITY CROSSING, SUITE M10
LOWELL, MA 01854

phone: 978-934-2550
fax: 978-934-4076
email: registrar@uml.edu

Last Name First Name MI SIS ID#

Primary Degree

Second Degree

REQUIRED SIGNATURES - (Please read and initial following statements.)

If I am a recipient of financial aid/loans, I have contacted The Solution Center to go over my financial impacts. Enter "NA" if Not Applicable.

I have outlined a new degree pathway using my course planner and advisement report. I am aware that this change may extend my time to degree completion. I have attached my Advisement Report.

I have attached my transcript.

My current CUM GPA is

I am a Division I student athlete Yes No (If yes, please see athletic advisor prior to completing form)

Date

Student Signature

Primary Degree - (Please Print Name Clearly)

Chairperson/Coordinator _____
Signature

College Dean _____
Signature

Second Degree - (Please Print Name Clearly)

Chairperson/Coordinator _____
Signature

College Dean _____
Signature

NOTES:

- [New advisor](#) is assigned by the [department chair](#).
- Dual Degree Programs: Students who wish to pursue a dual degree program must establish simultaneous matriculation in both programs and designate their candidacy for two degrees. The curricula for dual degree programs are approved by participating college faculties and must be completed as prescribed. It is therefore imperative that a student who wishes to pursue an approved dual degree program obtain a copy of the specified curriculum that enumerates the specific semester-by-semester course requirements. Students interested in this program must receive authorization from all relevant chairs and deans. The minimum credits to receive two degrees is 150.
- Division I varsity athletic advisor - must review prior to submission for eligibility.
- OCE (Online & Continuing Education) students only need Program Coordinator signature.

For Office Use Only:

Doc Type: Dual Degree Request LSR

Processor Name Imager Name Effective Term

Date Date Verifier 1 Name

Verifier 2 Name