Application for Dual Degree Program
(SMTD and another school/college on the Ann Arbor Campus)
This form may be submitted as early as the Fall term of the Sophomore (2\textsuperscript{nd}) year.

Name: ______________________________________________

Lastiddleson
First
Middle

UMID#: _________________________ Email: __________________________________________

School/College currently attending: _____________________ Major:____________________

School/College applying to: _______________________________________________________

Proposed Degree: _______________________ Major/Concentration: _________________

Credits completed on Ann Arbor Campus: _______ Cumulative GPA: _____________

After completing the above information, you must gain the approval of each school/college. The signatures below signify approval and eligibility to enter the proposed program. Please provide a copy of your academic report when you see each advisor. Be prepared to discuss the rationale for pursuing two degrees.

Signatures of Approval:

SMTD Dean of Admissions ________________________________ Date

SMTD Dean of Academic Affairs __________________________ Date

Other School/College Program Advisor ____________________ Date

Other School Dean/Designated Representative _____________ Date

I have read the requirements for this program published by the schools/colleges involved and wish to enter the joint degree program described above.

Signature of Student _________________________________ Date

Please return completed form to SMTD Registrar (Deedee Ulintz) in room 2270 Moore Building