

**CONTACT INFORMATION**

First Name:	Last Name:	Student ID:	
First Program:	Second Program:		
Address:	Daytime Phone:		
City:	State:	Zip Code:	Date:

**INSTRUCTIONS**

1. Please complete the top section and initial where indicated below. You must be admitted to both programs before completing this form.\*
2. Meet with your Academic Advisor to discuss how adding a second major will affect your academic load.
3. Once signed by your Academic Advisor, submit this form to the Office of Enrollment Services.

**Please initial:**

- \_\_\_\_\_ I have been admitted to both programs indicated above.
- \_\_\_\_\_ I understand that I will not be able to register for the next trimester until this form is completed and submitted.
- \_\_\_\_\_ I understand that clinical program courses will take precedence in my schedule due to the lock-step course sequence.
- \_\_\_\_\_ I understand that dual program enrollment may extend the completion of the non-clinical degree due to potential class conflict. If class conflict does occur, this does not warrant approval of transient status.

**STUDENT'S DECLARATION**

☐ I would like to dual enroll in the two programs listed above to which I have been admitted.

☐ Please withdraw me from the following program: \_\_\_\_\_

Please make my program withdrawal effective as of: ☐ Today ☐ Last date of this term

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACADEMIC ADVISOR RECOMMENDATION**

- ☐ I recommend this student for consideration as a dual degree. ☐ I cannot recommend this student as a dual degree at this time.

Comments: \_\_\_\_\_

Academic Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Enrollment Services:	<input type="checkbox"/> Checklist	<input type="checkbox"/> Hold removed	<input type="checkbox"/> MARS message sent	Processed by:	Date:
Transfer Credits Evaluated:	<input type="checkbox"/> Yes	Registrar Personnel:	Date:		