

DUAL UNDERGRADUATE DEGREE AUTHORIZATION FORM

(2 diplomas / 60 additional credit hours)

Directions: This form is to be used by students who plan to complete two bachelor degrees concurrently. Dual bachelor degree program applications must be reviewed by department heads from both degree program departments. The following criteria, consistent with NYS State Education Department guidelines, should be used by advisors and department heads in advising students regarding work towards the second degree:

- Dual degrees are available to **matriculated baccalaureate students only**.
- The second undergraduate degree must be in a different programmatic area and must require at least 60 quarter credit hours beyond the first baccalaureate degree.
- For a student to complete two undergraduate degrees at the same time s/he would have to take the lower minimum number of hours between the two programs plus a minimum additional 60 quarter credit hours.
- Student should consult his/her financial aid counselor before deciding to do this to make certain that the added quarters as an undergraduate will not mean that near the end of the dual program they lose financial support by overreaching their eligibility.
- The student must select one program which will be their primary program and will be reflected by their program code. The student should submit an Application For Graduation form for each of the two programs. The primary program will process all graduation and certification forms as usual. The second program should include a note with their paperwork explaining why they are processing a student who is not in their program(as reflected by the system).
- Students should consult with advisors in both departments to ensure that the courses for both programs are completed in a timely and efficient manner.

Student Name: _____
Last First Middle

Student ID Number: _____

College/Department/Program (primary degree): _____ **Program Code:** _____

College/Department/Program (2nd degree): _____ **Program Code:** _____

Student's Signature: _____ **Date:** _____

APPROVAL SIGNATURES

1. Primary Program Department Head:

Name (Print) Signature Date

2. Second Program Department Head:

Name (Print) Signature Date