

**Drexel University  
Office of Graduate Studies  
Graduate Dual Degree Form**

This form is to be used only by a Drexel University graduate student who is applying for the Dual Degree program. Dual Degree MS students must graduate from both programs simultaneously. Please note that students who enter graduate study at the master's or post-baccalaureate level must complete their studies for their graduate degree(s) within seven years after initial graduate registration. For more information with regard to the time requirements for program completion, please visit <http://www.drexel.edu/provost/graduatestudies/policies.asp#programcompletion>.

**Please type or print clearly.**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
                    First                    Middle                    Last

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Present Major: \_\_\_\_\_ Year Admitted: \_\_\_\_\_

Major to be Added: \_\_\_\_\_ Term Effective: \_\_\_\_\_

Addition to Business College must have GMAT score \_\_\_\_\_

Reason for Requesting a Dual Degree: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Department for Student's 1<sup>st</sup> Major: \_\_\_\_\_

Signature of Department for Student's 2<sup>nd</sup> Major: \_\_\_\_\_

Office of Graduate Studies Approval: \_\_\_\_\_

**After acquiring all signatures as listed above, bring the original form to the Office of  
Graduate Studies in Randell 240.**

SRC:	Program Code: _____	Degree Code: _____
	Major: _____	College: _____
	Class: _____	Effective Term: _____

