

FLORIDA STATE UNIVERSITY • THE GRADUATE SCHOOL

DUAL ENROLLMENT REQUEST

NAME OF STUDENT:

FSUSN:

DATE:

CURRENT DEGREE:

DEGREE PROGRAM:

MASTER'S DOCTORATE SPECIALIST

DEPARTMENT:

MAJOR :

DEGREE TO BE ADDED:

DEGREE PROGRAM:

MASTER'S DOCTORATE SPECIALIST

DEPARTMENT:

MAJOR :

JUSTIFICATION REQUIRED:

APPROVED:

FIRST PROGRAM:

SECOND PROGRAM:

Department Chair (If Applicable) (Signature and Date)

Department Chair (If Applicable) (Signature and Date)

Academic Dean (Signature and Date)

Academic Dean (Signature and Date)

APPROVED:

Nancy Marcus, Dean, The Graduate School (Signature and Date)