



INDIVIDUALIZED DUAL MASTER'S DEGREE PROGRAM OF STUDY

If approved, this Program of Study must be submitted to the Office of the University Registrar upon matriculation into the second program.

Student's Name: _____ GNumber: _____

Initial Master's Program: _____
 Degree (MS, MA etc.) _____ Program Title _____

Date of Admission: _____
 Semester _____ Year _____

Second Master's Program: _____
 Degree (MS, MA etc.) _____ Program Title _____

Have you already been admitted to the second master's program? Yes or No

Date of Admission/Application: _____
 Semester _____ Year _____

- A written statement explaining: (1) the intellectual or pedagogical purpose behind the degree program; and (2) the academic symmetries that exist between the underlying fields of study must be attached.

If this Program of Study is approved, students in Individualized Dual Master's Degree programs should understand the following:

- For purposes of administration, if a different rate of tuition is assessed for each program the student will be assessed at the higher rate. The program with the higher rate will be considered the primary program.
- The six year time limit for completion of dual master's programs derives from the admission date of the initial program.
- Students should be aware that they are subject to the academic policies of both departments/schools.
- Students in dual master's degree programs cannot receive a Reduction of Credits. Any Reduction of Credits that was posted upon admission to the initial program will be removed.

The formula below should be used to determine the maximum possible credits that can be shared across programs and should be included with the Program of Study.

Primary Degree Program		Secondary Degree Program	
Total Credits Required for Program		Total Credits Required for Program	
Less Residency Requirement	-18	Less Residency Requirement	-18
Remaining Credits		Remaining Credits	
Half the Remaining Credits (Max Number of Credits from Secondary Degree that may be applied to Primary Degree)	A) _____	Half the Remaining Credits (Max Number of Credits from Primary Degree that may be applied to Secondary Degree)	B) _____
Maximum possible credits shared across the dual degree program (Box A plus Box B): _____ Note: Some departments may permit fewer credits to be double counted than the maximum reflected above.			

INDIVIDUALIZED DUAL MASTER'S DEGREE PROGRAM OF STUDY

Program One: _____ Program Two: _____

Courses Unique to Program One	Number of Credits	Courses Unique to Program Two	Number of Credits
Total		Total	

Courses to be Shared	Number of Credits
Total (cannot exceed amount determined on page 1)	

Student's Signature: _____ Date _____

Program One Director Approval

Department Signature Date

Program Two Director Approval

Department Signature Date