

## Request for Dual Degree

Email completed form with all required signatures (except Dean of Grad School) to [gradsvcs@lsu.edu](mailto:gradsvcs@lsu.edu).

### General directions:

1. Discuss with your home department your desire to pursue a dual degree and any effects this may have on your current degree program. Complete the Student and Home Department portions of this form.
2. Visit the department in which you wish to obtain the second degree, to see if you meet their requirements and to determine if they would consider you as a potential graduate student.
3. If the second department wishes to see your credentials, they should request copies from your home department or request in writing from the Graduate School. Records will not be released to the student.
4. If the second department agrees to the dual degree program, complete the second department portion of the form and forward to the Graduate School Academic Services office ([gradsvcs@lsu.edu](mailto:gradsvcs@lsu.edu)) for approval. Requests must be submitted during a regular semester or summer term (not between semesters) in order to be effective for the next semester of enrollment. (Example: A request received in the Graduate School before fall commencement will be effective for the spring semester.)
5. Copies of this completed form will be sent to both departments.

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### To be Completed by STUDENT:

LSU Student ID	Last Name	First Name	Middle Name
Degree Type (MS, MA, PhD, etc.)		Second Department	

### Degree Type:

Thesis                       Non-Thesis

Have you ever been suspended or dismissed from any college or university for scholastic or disciplinary reasons?       Yes       No

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### To be Completed by HOME DEPARTMENT:

The Department of \_\_\_\_\_ has been informed that the above-named student wishes to pursue a dual degree program.

Chair or Graduate Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### To be Completed by the SECOND DEPARTMENT:

The Department of \_\_\_\_\_ approves the above-named student to be in a dual degree program.

Degree (MS, MA, PhD)	Major	Curriculum code (Verify Code with Department)
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Chair or Graduate Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of the Graduate School: \_\_\_\_\_ Date: \_\_\_\_\_

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### For Graduate School Use Only:

Updated by: \_\_\_\_\_ Date: \_\_\_\_\_ Sent copies to departments: \_\_\_\_\_