RACKHAM GRADUATE SCHOOL
UNIVERSITY OF MICHIGAN

STUDENT SERVICES: ACADEMIC RECORDS & DISSERTATIONS
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DUAL/JOINT DEGREE ELECTION FORM

Rackham use only *6010*

Approved: _____ Date: _____ Double-Count: _____

Student Name: _____ Student U-M ID: _____

Student E-mail: _____ Date: _____ (MM) (DD) (YY)

_____
Name of First Degree *(e.g., Mechanical Engineering MSE)*

_____ _____
Minimum Credit Hours Required Term/Year Expected/Granted

(list courses below)

Course Prefix	Number	Hours	Term/Year
e.g., RACKHAM	*998*	*1*	*FA 10*

Total Hours Applied to Above Degree: _____

Grad Dept Chair Signature: _____

Name Printed: _____

Date: _____ (MM) (DD) (YY)

_____
Name of Second Degree *(e.g., Mathematics MS)*

_____ _____
Minimum Credit Hours Required Term/Year Expected/Granted

(list courses below)

Course Prefix	Number	Hours	Term/Year
e.g., RACKHAM	*998*	*1*	*FA 10*

Total Hours Applied to Above Degree: _____

Grad Dept Chair Signature: _____

Name Printed: _____

Date: _____ (MM) (DD) (YY)