DUAL MASTERS AND DOCTORAL PROGRAM

Date: __________

Student ID Number: __________

Graduate Program: __________
Initial Term (GEMS only): __________

Degree Sought: __________

Email Address: __________

( extend code) Telephone: __________

- The course outline for the Master’s program and Doctoral program must be attached.
- Students will not be allowed to use the coursework for the Master’s degree to satisfy the requirements for any other Master’s degree.
- All course work for the Master’s Degree must be taken within five years. Course work taken within seven years must be revalidated by the department. All coursework taken beyond the seven years rule cannot be used toward the Master’s degree.
- Under no circumstances will a student be permitted to pursue two concurrent doctoral degrees.

MASTERS

The student listed above has been recommended to participate in a Dual program in __________ and __________. The student is in good standing in his/her doctoral program and is making satisfactory progress towards the dissertation.

Advisor (Print Name then Sign): __________
Date: __________

Advisor’s Telephone extension and Email Address: __________

Director of Graduate Program (Print Name then Sign): __________
Date: __________

Director’s Telephone extension and Email Address: __________

Director of GEMS: __________

Please return this form to:
Graduate Enrollment Management Services
2121 Leit Building • University of Maryland
College Park, Maryland 20742-5121
301.405.0378 Voice • 301.314.9365 FAX
gschoo@deans.umd.edu

[Signature] [Signature]

Approve Disapprove