

FLORIDA STATE UNIVERSITY • THE GRADUATE SCHOOL

DUAL ENROLLMENT REQUEST

NAME OF STUDENT:

EMPLID:

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:

\_\_\_\_\_  
Major Professor (If Applicable)

\_\_\_\_\_  
(Signature and Date)

\_\_\_\_\_  
Department Chair (If Applicable)

\_\_\_\_\_  
(Signature and Date)

\_\_\_\_\_  
Academic Dean

\_\_\_\_\_  
(Signature and Date)

SECOND PROGRAM:

\_\_\_\_\_  
Major Professor (If Applicable)

\_\_\_\_\_  
(Signature and Date)

\_\_\_\_\_  
Department Chair (If Applicable)

\_\_\_\_\_  
(Signature and Date)

\_\_\_\_\_  
Academic Dean

\_\_\_\_\_  
(Signature and Date)

**APPROVED:**

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