

**Intent to Pursue Dual Degrees
College of Applied Health Sciences**

Name _____ UIN _____

Current Major _____

I am interested in pursuing the following degrees (NOTE: Filling out the intent form does not automatically ensure that you will be able to pursue a dual degree. This form serves as your petition to pursue a dual degree. The final decision will be made by the College):

AHS _____ **Other College** _____

Degree _____

Major _____

I understand the following:

1. I must complete a minimum of **158 semester hours (30 semester hours beyond the first degree)**.
2. I must complete both degrees in the same semester.
3. I must complete both degrees in ten (10) semesters.
4. I must regularly contact my advisor in both colleges to ensure that all policies are followed for each college.
5. I must meet enrollment requirements for each college.
6. I will receive two (2) degrees.
7. Both degrees will be shown on my official transcript.
8. My completion of this form does NOT guarantee my pursuit of a dual degree. The final decision will be made by the College.

It is your responsibility to ensure that your name is added to the degree list for both colleges.

Student Signature _____ Date _____

AHS Advisor Signature _____ Date _____

AHS Dean Signature _____ Date _____