

## GRADUATE DUAL DEGREE ADMISSION VERIFICATION

### Graduate Application and Admission to Dual Degree Program

Graduate students should first contact the academic units which offer the Dual Degree program they wish to apply for and follow each program's specific application procedures. The dean, chair, or director of each degree program **and** both program advisors, must approve admission into the Dual Degree program by signing this verification form.

The student must fill out this form and return it to the Office of the Vice Provost for Graduate Studies and Research within the first term of attendance (or before 15 credit hours have been completed, whichever comes first) for the official Dual Degree admission code to be entered into the university computer system. Students will not be recorded as being in a Dual Degree program without submission of this verification form to Graduate Studies.

**Please fill out all the information below and obtain the required signatures:**

**Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street City State Zip Code

**Dual Degree program combining which two degrees?** \_\_\_\_\_

**Quarter of Admission:** \_\_\_\_\_ **Degree Program A:** \_\_\_\_\_ **Degree Program B:** \_\_\_\_\_

### REQUIRED SIGNATURES

**Student:** I hereby acknowledge I wish to enroll in the graduate Dual Degree program listed above.

\_\_\_\_\_  
 Name: Printed Signature Date

**Degree Program A:** \_\_\_\_\_  
**Advisor** Name: Printed Signature Date

**Degree Program A:** \_\_\_\_\_  
**Dean/Chair** Name: Printed Signature Date

**Degree Program B:** \_\_\_\_\_  
**Advisor** Name: Printed Signature Date

**Degree Program B:** \_\_\_\_\_  
**Dean/Chair** Name: Printed Signature Date

**Return this form to:** **Office of the Vice Provost for Graduate Studies and Research**  
**2199 S. University Blvd, Denver, CO 80208, Mary Reed Building Room #3**