



OFFICE OF THE UNIVERSITY REGISTRAR

**REQUEST FOR AUTHORIZATION OF ENROLLMENT IN AN OFFICIAL
DUAL-DEGREE PROGRAM***

This form must be completed by students already enrolled in a UMDNJ School who wish to enroll in an official dual-degree program. This completed form must precede enrollment at the partner School. The partner School Associate Dean or equivalent will distribute copies of the signed form to the student, the School-of-origin Associate Dean or equivalent and both Schools' Registrars.

STUDENT NAME

STUDENT ID#

UMDNJ School in which student is matriculated (School of origin):

SCHOOL:

CAMPUS:

Dual-degree Program/School/Campus in which student wishes to enroll:

DUAL DEGREE PROGRAM

UMDNJ PARTNER SCHOOL OR
EXTERNAL PARTNER INSTITUTION

CAMPUS

I have been notified of the intention of this student to enroll in this official dual-degree program.

ASSOCIATE DEAN OR EQUIVALENT: (School of Origin)

NAME

SIGNATURE

DATE

ASSOCIATE DEAN OR EQUIVALENT: (Partner School)

NAME

SIGNATURE

DATE

**Dual-degree Program: A University-approved program consisting of two separate and independent courses of study resulting in two degrees completed concurrently or sequentially.*