

**DREXEL UNIVERSITY
GRADUATE DUAL DEGREE FORM**

This form is to be used only by a Drexel University graduate student who is applying for the Dual Degree program. Dual Degree MS students must graduate from both programs simultaneously.

(To be PRINTED or TYPED by the applicant)

Name ID#

Last First Middle

Home Address

City State Zip Home Phone #

Business Address

City State Zip Business Phone

Present Major Year Admitted

Major to be added

**Transfer to Business College must have GMAT score _____

Reasons for Requesting a Dual Degree:

Signature of Applicant _____

(Applicant - Do not write below this line)
MEMORANDUM OF ACTION TAKEN ON APPLICATION

Date dd/mm/vvvvv

Interviewed by

Recommendation

Major to be added College

Effective term for Dual Degree program

Signature of Dept. for student's 1st major _____ Date _____

Signature of Dept. for student's 2nd major _____ Date _____

Signature of Graduate Studies _____ Date _____