



College of Technology, Architecture & Applied Engineering
Undergraduate Student Services
Bowling Green, Ohio 43403
419-372-3597

Dual Degree

Date: _____

Student: _____

ID #: _____

Email: _____@bgsu.edu

Phone: _____

College of current enrollment:

___ A&S ___ BA ___ EDHD ___ H&HS ___ Music ___ TECH

Current Major: _____

Number of credits completed: _____

Specialization and/or/minor: _____

Proposed dual degree: _____ Expected date of graduation: _____

Brief rationale for proposed dual degree program: _____

Multiple horizontal lines for writing the rationale.

Note: Student will need a minimum of 142 hours to graduate plus all degree requirements.

STUDENT _____ DATE _____

Approval signatures:

Advisor: _____

Chair: _____

Dean: _____