

Dual Master's Program Authorization

Coyote ID: _____ Date: _____

Name: _____
Last First MI

Email: _____ Phone: _____

Effective Term: Fall ☐ Winter ☐ Spring ☐**Program 1:**

MA/MS: _____

Concentration: _____

Program 1 Coordinator Signature:_____
Date _____**Program 2:**

MA/MS: _____

Concentration: _____

Program 2 Coordinator Signature:_____
Date _____**Important Information:**

Students who wish to secure two different master's degrees concurrently may do so if both programs allow it. At the discretion of the program coordinators, credits from one master's degree may be applicable to a second master's degree up to the maximum number of transfer units allowed within each program. In no case shall a student be awarded a given master's degree more than once. Students interested in obtaining two master's degrees should complete this form and submit it to the Office of Graduate Studies.

☐ I accept any changes that might result from processing this Dual Master's Program Authorization._____
Student Signature_____
Date

Dean of Graduate Studies Signature_____
Date