MEMORANDUM OF UNDERSTANDING REQUEST FOR DUAL MAJORS PhD DEGREE

DATE:			
STUDENT NAME:			
PRIMARY MAJOR:			
DUAL MAJOR:			
GUIDANCE COMI	ΛITTEE MEMBE	RSHIP: (add more rows a	s needed)
Last Name, First Name	Department	Committee Role (Major Advisor, Committee Member)	Dual Major Affiliated Faculty Member (Y / N / Unknown)
SIGNATURES:			
		Student	
		Major Advisor	
		Dual Major, Graduate Program Coordinator	
		Accepiate Deep Duel M	sion Callogo
		Associate Dean, Dual Ma	ajor college
		Primary Major, Graduate	e Program Coordinator
Laura Bix		Associate Dean, Primary Major College	
Pero Dagbovie		Dean, Graduate School	

COURSES:

	Course Code &	Semester Taken or
Course Name*	Number	Planned
do not include 999		
ual Major Courses (ADD MORE ROWS	AS NEEDED)	
, ,	Course Code &	Semester Taken o
Course Name	Number	Planned

COMPREHENSIVE EXAMS:

Exam	Date Taken or Planned
Written	
Oral	

IF YOU ARE PRE-COMPS: Areas of study covered in your comprehensive exams. These should reflect a single set of exams that integrates requirements from both the primary and dual major.

DISSERTATION:

Provide your plan for a single, integrated dissertation that incorporates both the primary major and dual major.