

**THE FLORIDA STATE UNIVERSITY  
OFFICE OF GRADUATE STUDIES  
DUAL ENROLLMENT REQUEST**

**NAME OF STUDENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CURRENT DEPARTMENT:** \_\_\_\_\_

**CURRENT MAJOR:** \_\_\_\_\_

**CURRENT DEGREE PROGRAM:** Ph.D. \_\_\_\_\_ M.A. \_\_\_\_\_ Specialist: \_\_\_\_\_  
(check one)

**DEGREE TO BE ADDED:**

**DEPARTMENT:** \_\_\_\_\_

**MAJOR:** \_\_\_\_\_

**DEGREE PROGRAM:** Ph.D. \_\_\_\_\_ M.A. \_\_\_\_\_ Specialist: \_\_\_\_\_  
(check one)

**COMMENTS:**

**APPROVED:**

**FIRST PROGRAM:**

**SECOND PROGRAM:**

\_\_\_\_\_  
**Department Chair Signature**      **Date**  
(if applicable)

\_\_\_\_\_  
**Department Chair Signature**      **Date**  
(if applicable)

\_\_\_\_\_  
**Academic Dean**      **Date**

\_\_\_\_\_  
**Academic Dean**      **Date**

**APPROVED:**

\_\_\_\_\_  
**Dean of Graduate Studies**      **Date**