

## **DUAL DEGREE STATUS FORM**

Name: \_\_\_

Last

MSU ID: \_\_\_\_\_ NetID: \_\_\_\_\_

First Middle

<ul> <li>used in place of a formal application.</li> <li>To be dually enrolled, students who are of this form prior to the start of their new probefore the semester begins.</li> <li>The highest degree level must be the prima</li> </ul>	urrently in a graduate program must submit ogram. New students must submit this form ry degree program.  ree must complete the 1st two years of the S. or Ph.D. programs.
Primary Graduate Degree Record	Secondary Graduate Degree Record
Degree:	Degree:
Major:	Major:
Concentration:	
By signing below, I agree to be dual enrolled in the above programs.	
Signature:	Date:
By signing below, I acknowledge and approve the	student's dual degree status.
Approved:	Date:
Approved:	Date:
Graduate Coordinator (IJ Applicable)	

Submit completed form to <a href="mailto:recordchange@grad.msstate.edu">recordchange@grad.msstate.edu</a>