University of Michigan School of Public Health
Office of Academic Affairs: Registrar's Office
109 S. Observatory, Room 3537, SPH I, Ann Arbor, MI 48109-2029
734-764-5425, Fax: 734-763-5455, Email: sph.registrar@umich.edu, www.sph.umich.edu/

DUAL DEGREE ELECTION FORM

Student Name: _____ Department Name: _____

Student ID: _____ Program Name: _____

Student Address: _____ Email Address: _____

_____

_____ Name of First Degree	_____ Name of Second Degree

_____ Hours required for degree	_____ Term/Year Expected/Granted	_____ Hours required for degree	_____ Term/Year Expected/Granted
(list courses below)		(list courses below)	

Course Title	Course Number	Hours	Course Title	Course Number	Hours

Total Hours Applied to Above Degree: _____	Total Hours Applied to Above Degree: _____
Student Signature: _____ Date: _____	

Graduate Dept Chair Signature: _____ Name Printed: _____ Date: _____	Graduate Dept Chair Signature: _____ Name Printed: _____ Date: _____

Approved by OAA, SPH: _____
Date: _____