

DECLARATION OF INTENT TO PURSUE COMBINED DEGREES

Copies of this Declaration of Intent to pursue Combined Degrees must be filed with the Office of the University Registrar. You are not enrolled in the combined degree program until this form is completed and signed by both colleges and processed in the Office of the University Registrar. By signing and filing this Declaration, you (I) acknowledge receipt of the curricular requirements and policies and procedures of the University of Arkansas for Medical Sciences associated with your request for dual degree enrollment. Failure to meet the combined degree program requirements can result in failure to meet the requirements for either degree individually.

1. Name _____

2. Student ID number _____

3. What two degrees will you be seeking? _____

4. Date of enrollment in the first program: _____

5. Anticipated date of enrollment in second program: _____

Signature _____

Date _____

APPROVED BY:

Assistant/Associate Dean

College of first program enrollment

Date _____

Assistant/Associate Dean

College of second program enrollment

Date _____