

**Hood College**  
**Dual Master's Degree Enrollment Request**

The Registrar's office will submit this completed form with student academic documents/records to the program directors/advisors of the primary and secondary programs for review. The final decision of acceptance or denial resides with the program directors. It is the student's responsibility to review the guidelines and eligibility requirements for enrollment in two master's degrees in the College Catalog.

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Email: \_\_\_\_\_

Current Master's or Certificate Program: \_\_\_\_\_

Secondary Master's Program to be added: \_\_\_\_\_

Concentration (if applicable): \_\_\_\_\_

\_\_\_\_\_  
**Student Signature/Date**

**For Office Use Only**

Credits completed in primary program: \_\_\_\_\_ Primary program GPA: \_\_\_\_\_

Date sent to program directors: \_\_\_\_\_

Accepted:

NO \_\_\_\_\_

YES \_\_\_\_\_ Secondary program advisor: \_\_\_\_\_

Waivers/Requirements: \_\_\_\_\_

Initials/Date added to record: \_\_\_\_\_

Notes:

Date decision sent to student: \_\_\_\_\_