

Use this form to set up and get approval for a program of study for a graduate student who wants to pursue two master's degree programs:

- If the student **is admitted to both programs already**, fill out **all three pages** of this form completely, obtain **all** of the required signatures, and submit it to UF Graduate School Data Management.
- If the student **is admitted to one program but not the other yet**, fill out **all three pages** of this form completely and obtain **all** of the required signatures and submit it to UF Graduate School Data Management. This form will constitute official admission to the new program.

The student will be classified by his/her first program's college and major until that degree is awarded. When he/she meets all degree requirements, he/she must apply for graduation. Once the first degree is conferred, his/her classification will change to the second college and major.

Incomplete, incorrect or unsigned forms will be returned unprocessed. Do not allow students to fill out form. Do not fill in by handwriting.

Name of person preparing form	Campus Mailing Address	Campus Telephone	Campus E-Mail
	POB		

Student UFID	Student Last Name	Student First Name	Student Middle Name
Student Campus Mailing Address	Student Telephone	Student E-Mail	
POB			
Student Mailing Address			

	First Master's Degree Program	Second Master's Degree Program
College		
Department		
Major		
Degree		
Concentration		
Thesis Option		
Choose the term this concurrent program goes into effect:		
Are these two programs part of a previously approved joint program?		

Student Signature	First Program Signatures	Second Program Signatures
_____ Date	Department Representative _____ Date	Department Representative _____ Date
	College Representative _____ Date	College Representative _____ Date

TO CLEAR ALL ENTRIES AND RESET THIS FORM, CLICK HERE.

FOR GRADUATE SCHOOL USE ONLY	
Graduate School Dean or Representative Signature _____ Date	TIME STAMP
Date copy forwarded to Data Management: _____	Date copies forwarded to department: _____

SEND THIS FORM VIA CAMPUS MAIL TO: UF GRADUATE SCHOOL DATA MANAGEMENT, POB 115500, UF CAMPUS.

Important Note: These are two separate degree programs. Therefore, one thesis, terminal project or dissertation for both is **not** acceptable. The student must have individual supervisory committees for each degree program. The chair of each committee must be from the major department of that particular master's degree program. All courses taken by the student since admission to the University of Florida as a graduate student must be accounted for on these forms. At the department's discretion, up to **nine** credits may be shared between the two degrees. Any changes to these programs of study must be submitted to the UF Graduate School as soon as possible — no later than the midpoint deadline published in the graduate catalog for the term during which the student has applied for graduation. **Approval of this program of study does not constitute certification of this degree for graduation.**

Name of person preparing form	Campus Mailing Address	Campus Telephone	Campus E-Mail
	POB		

FIRST MASTER'S DEGREE PROGRAM OF STUDY

Student UFID	Student Last Name	Student First Name	Student Middle Name
College	Department	Major	
Degree	Concentration	Thesis Option	

Course Prefix and Number	Course Title	Credits	Grade	Term/Year Taken	
Minimum total number of credits required for this master's degree					

CREDITS TO BE SHARED (NINE MAXIMUM) BETWEEN BOTH PROGRAMS (MUST BE SAME NINE CREDITS)

Course Prefix and Number	Course Title	Credits	Grade	Term/Year Taken	

Student Signature Date

First Program's Supervisory Committee Chair Signature Date

First Program's Department Representative Signature Date

First Program's College Representative Signature Date

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Name of person preparing form	Campus Mailing Address	Campus Telephone	Campus E-Mail
	POB		

SECOND MASTER'S DEGREE PROGRAM OF STUDY

Student UFID	Student Last Name	Student First Name	Student Middle Name
College	Department	Major	
Degree	Concentration	Thesis Option	

Course Prefix and Number	Course Title	Credits	Grade	Term/Year Taken	
Minimum total number of credits required for this master's degree					

CREDITS TO BE SHARED (NINE MAXIMUM) BETWEEN BOTH PROGRAMS (MUST BE SAME NINE CREDITS)

Course Prefix and Number	Course Title	Credits	Grade	Term/Year Taken	

Student Signature Date

Second Program's Supervisory Committee Chair Signature Date

Second Program's Department Representative Signature Date

Second Program's College Representative Signature Date

SEND THIS FORM VIA CAMPUS MAIL TO: UF GRADUATE SCHOOL DATA MANAGEMENT, POB 115500, UF CAMPUS.