

Dual Degree Form

Students may complete the requirements for a second simultaneous degree while registered in the same faculty upon approval of the Faculty concerned (two different degree structure) or another faculty at AUB. In such a case, a student will be granted two separate degrees at graduation. If tuition differs, students will pay the higher of the tuitions.

All final admissions decisions depend on the overall quality of the eligible applicant pool and the number of available places in the faculty concerned for the semester in question. The applications are treated in terms of grade requirements similar to transfer applications across faculties/schools.

General Information

Students may apply for a dual degree after the completion of at least two regular semesters in the initial program.

1. Students may apply for a dual degree after the completion of at least two regular semesters in the initial program.
2. Students must be in good academic standing to apply for a dual degree. Good academic standing means that the student is not on probation. (Refer to AUB UG catalogue for additional requirements.)
3. Dual degree application deadline is May 30 for the fall term, and December 1 for the spring term.
4. Students wishing to withdraw from a dual degree must do so in writing to the Registrar's Office and faculty concerned.
5. Applications must be submitted to the Faculty Dean's Office/Student Section offering the program of the dual degree.
6. Students will receive a separate diploma for each degree program they complete at graduation.

ID number: _____ E-mail: _____ Mobile: _____

Last name: _____ First name: _____

Current major: _____ Faculty: _____

Dual degree major: _____ Faculty: _____

Academic standing: _____ Overall average: _____ Credits earned: _____

To start Fall Spring Semester of the academic year: _____ / _____

Signature of Student: _____ Date: _____

Name of adviser in current major: _____ Signature of adviser in current major: _____

Recommendation of chairperson/coordinator dept. of dual degree major: _____

Name of dual degree academic adviser: _____

Signature of chairperson/coordinator: _____ Date: _____

Faculty/School Decision Dual degree major _____ Approved Rejected

Comments: _____

Signature: _____ Date: _____

To be filled by the Registrar's Office only

Received by: _____	Date: _____
Implemented by: _____	Date: _____
Referred to: _____	Date: _____