

DOUBLE DEGREE APPLICATION

Student Instructions: Please carefully review the Double Degree requirements as detailed in the Undergraduate Bulletin: www.stonybrook.edu/bulletin. Then complete the top part of this form and meet with the respective Undergraduate Program Directors and/or Dean’s Office for signature. Upon completion of the form, please submit it to the **Office of Undergraduate Education, E-3310 Melville Library, Z=3351**, for final approval.

Name: _____ Stony Brook ID: _____

E-Mail Address: _____ Phone #: _____

Double Degree Majors: Major 1: _____ Major 2: _____

First Degree Requested: *(circle one)* B.A. B.E. B.S. College/School: _____

Second Degree Requested: *(circle one)* B.A. B.E. B.S. College/School: _____

I have read and understand the Double Degree requirements as detailed in the Undergraduate Bulletin:

Student Signature: _____ Date: _____

TO BE COMPLETED BY THE RESPECTIVE SCHOOLS/COLLEGES:

COLLEGE OF ARTS AND SCIENCES	
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	Undergraduate Program Director Name: _____ Signature: _____ Date: _____
COLLEGE OF ENGINEERING AND APPLIED SCIENCES	
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	Undergraduate Program Director Name: _____ Signature: _____ Date: _____
SCHOOL OF HEALTH TECHNOLOGY AND MANAGEMENT, NURSING, OR SOCIAL WELFARE	
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	Dean Name: _____ Signature: _____ Date: _____

TO BE COMPLETED BY THE OFFICE OF UNDERGRADUATE EDUCATION, E-3310 MELVILLE LIBRARY:

<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	Associate Provost Name: _____ Signature: _____ Date: _____
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