LEHIGH UNIVERSITY

DUAL DEGREE
PETITION FORM

DATE: ______________________
Month          Day          Year

PRINT NAME: _____________________________________________________
Last                   First                   MI

I.D. # (LIN) ________________  User I.D. (Lehigh Email) ____________@lehigh.edu

Local Address _______________________
Local Phone # _______________________________

Current College                          College for Second Degree
□  Arts and Sciences                      □  Arts and Sciences
□  Business and Economics                 □  Business and Economics
□  Engineering and Applied Science        □  Engineering and Applied Science
□  Other: ______________________________  □  Other: _______________________

Current Degree: _________________  Second Degree: _________________

Current Major ________________________  Second Major ______________________

Last Semester Average _________________  Overall GPA _______________________

I understand that I must complete a minimum of _______ credits and all of the requirements for both degrees, with the last 30 credits taken at Lehigh University. The total number of credits required for two degrees is 30 credits in addition to the total number of credits required for the degree with fewer credits. All major requirements must be met according to the course catalog. Any course substitutions or exceptions to those requirements must be requested and approved.

Student Signature ___________________________________ Date ____________________

All dual degree petitions must be accompanied by a semester-by-semester plan, listing all courses and credit totals for each semester at Lehigh. This plan should NOT include overloads (18 credits per semester maximum). Please make sure major declarations forms have been submitted for each major.

The student must meet with and gain signatures from their current advisor and the Associate Deans from both Colleges. Completed forms must be submitted to the Registrar’s Office.

Advisor: __________________________ Date_________________ Email__________
                      Signature                     month/day/year
Associate Dean: ______________________ Date_________________ Email__________
                      Signature                     month/day/year
Current College  ______________________ Date_________________ Email__________
                      Signature                     month/day/year
Associate Dean: ______________________ Date_________________ Email__________
Additional College  ______________________ Date_________________ Email__________
                      Signature                     month/day/year

University Registrar ____________________________________________