

Application for ConCurrent Degree (To be used only when one or both degrees will have shared coursework.)

OFFICE OF GRADUATE STUDIES

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ust Name	First Name	Middle Ini	itial USF	ID #	Current Graduate GP.	
ldress		City		State	Zip Code	
			Home	Wor	rk	
mail Address			Telephone Contact		TODA (A TYON	*
FIRST PRO	GRAM INFORMATIC)N	SECON	D PROGRAM IN	FORMATION	
rst Program* Courses required to co	omplete first program:	Code	Second Program** Courses required	l to complete second		Code
Total Program Hours:			Total Program Hours:			
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Number	Course Title			(Credit Hours	
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fective Semester	X Student's Signature				Date	
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ajor Professor/Advisor N	ame Signature	Date	Major Professor/Ada	visor Name	Signature	D
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ollege Dean/Designee Na	me Signature	Date	College Dean/Design	nee Name	Signature	D
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	t Dean/Designee, Office o			Date I to simultaneously n	ursue a graduata	degree in