



UNIVERSITY  
OF THE BAHAMAS

## UNDERGRADUATE DUAL DEGREE REQUEST FORM

Dual degrees consist of degrees/programmes from the same Academic Unit or different Academic Units which may be pursued as stipulated in the Undergraduate Dual Degree Policy. Students who have completed 15 credits at the University and who meet the additional requirements as defined in the policy may seek approval to pursue a dual degree. Students should meet with their academic advisor to discuss academic and career goals and with the Head of the Academic Unit responsible for the second degree they are considering. Students must submit a completed **UNDERGRADUATE DUAL DEGREE REQUEST FORM** to the Head of the Academic Unit responsible for the second degree for processing. The Head will forward the form with his/her recommendation to the relevant Academic Dean who will make a determination and forward the request to the Records Department.

Name of Student: \_\_\_\_\_ ID No: \_\_\_\_\_  
Please Print

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Current Degree Programme:** \_\_\_\_\_  
Type of Degree / Major

**Requested Secondary Degree:** \_\_\_\_\_  
Type of Degree / Major

Select all that Apply:

- ☐ I have earned at least fifteen (15) credits at the University.
- ☐ I am at least one (1) year away from graduation.
- ☐ I understand that I must meet the admission requirements of each degree/programme.
- ☐ I understand that both degrees must be awarded during the same year and semester.
- ☐ I have read and understand the Policy with regard to Undergraduate Dual Degrees.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

\_\_\_\_\_  
Name, Signature of Current Academic Advisor Date

☐ Request Approved / ☐ Request Denied Reason: \_\_\_\_\_

\_\_\_\_\_  
Name, Signature of New Academic Unit Head Date

☐ Request Approved / ☐ Request Denied Reason: \_\_\_\_\_

\_\_\_\_\_  
Name, Signature of New Academic Dean Date

### FOR RECORDS DEPARTMENT USE ONLY

New Degree: \_\_\_\_\_ New Major: \_\_\_\_\_

AB/TAS Paper Number: \_\_\_\_\_ Effective Year/Semester: \_\_\_\_\_

Academic Plan Updated by: \_\_\_\_\_  
Records Department Staff Date