The University of North Dakota Graduate School

414 Twamley – 264 Centennial Drive Stop 8178 - Grand Forks, ND 58202-8178
Phone (701) 777-2784 - Fax (701) 777-3619

COMBINED DEGREE PROGRAM OF STUDY

Name _____ STUDENT ID # _____

Address _____ Phone _____

_____ E-Mail _____

Expected Graduation Date (Bachelor's) _____

Expected Graduation Date (Master's) _____

Degree Sought (Check One) M.A.☐ M.Acct.☐ M.S.A.E.☐ M.B.A.☐ M.Engr.☐ M.P.A.☐ M.S.☐

Major: _____

Courses are to be grouped into major, minor and cognate, in accord with degree requirements stated in the Graduate School Catalog.

Dept.	Course No.	Title of Course	Transfer Credits	UND Credits	Grade (leave blank)

THE COURSES LISTED BELOW WILL BE COUNTED FOR UNDERGRADUATE AND GRADUATE CREDIT:

Subtotal Credits _____ _____

Total Credits _____

ACADEMIC TERM(S) DURING WHICH THE RESIDENCE REQUIREMENT WILL BE MET (*THESIS ONLY*): _____

*SPECIAL REQUIREMENTS: _____

_____
Student Signature Date

_____ _____
Advisor (non-thesis) Date Committee Chair (thesis) Date

_____ _____
Department Graduate Director (non-thesis) Date Committee Member (thesis) Date

_____ _____
Dean of the Graduate School Date Committee Member (thesis) Date

Copies: _____Advisor _____Department _____Graduate School _____Student (rev 11/08)