# DECLARATION OF DUAL UNDERGRADUATE DEGREE

**Student Name:** _____________________________________________________  **Arcadia ID #:** ____________________________  

**Primary Degree:**  ____BA ____BS____BFA  
**Primary Major:** ____________________________  
**Adviser:** _________________________________  

**Second Degree:**  ____BA ____BS____BFA  
**Major in 2nd Degree:** ____________________________  
**Adviser for 2nd Degree:** ____________________________

**Student Signature:** ___________________________________________________  **Date:** ______________________________

**Reason to complete two concurrent degrees (use back of form for additional space):**

________________________________________________________________________

________________________________________________________________________

**State the effect this change will have on date for completion of both degree requirements:**

________________________________________________________________________

________________________________________________________________________

**List all unique courses excluded from first degree to be used toward the second degree (at least 32 credits including capstone):**

________________________________________________________________________

________________________________________________________________________

**New anticipated date for completion of requirements for both degrees:**

**Month:**______  **Year:**_______

**Total number of undergraduate credits at graduation:** _________ credits (160 minimum)

<table>
<thead>
<tr>
<th>Approval by Chairperson of department; Primary Degree:</th>
<th>Approval by Chairperson of department; Second Degree:</th>
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</thead>
<tbody>
<tr>
<td>Chairperson: ____________________________</td>
<td>Chairperson: ____________________________</td>
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<tr>
<td>New or ongoing adviser: ____________________________</td>
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**Approval of Registrar** ____________________________  **(signature)  (date)**