

RACKHAM PRE-APPROVAL FORM FOR DUAL ADMISSION
To Add an Additional Degree or Certificate Program to Your Current Program

Application Requirements:

- Must be a current Rackham Master's or Doctoral student to apply.
- Must have completed at least one academic term in the current Rackham program with a cumulative GPA equal to or above a 3.0.
- Must meet with the current program advisor or coordinator and obtain a signature of approval from the authorized signer in your current graduate program before you can apply.

Without approval and authorized signature on the form, your application will not be processed and the application fee of \$10 will not be refunded.

<https://rackham.umich.edu/admissions/current-and-former-rackham-students#add-degree-certificate>

SECTION A: To be completed by the student

Student Last Name _____ First Name _____

U-M ID # _____ U-M Unique Name _____ @ umich.edu

Currently Enrolled Rackham Program Name 1 _____ Program level: Doctoral Master's

Currently Enrolled Rackham Program Name 2 (if applicable) _____ Program level: Master's Certificate

Are you applying to graduate in the current term? Yes No

(Note: If Yes, obtain a paper application from the current graduate program coordinator)

Proposed Rackham Program Name _____ Program level: Master's Certificate

Proposed Program Subplan (if applicable) _____

Term of Admission for Proposed Program Year _____ Fall Winter Spring Summer

Student Signature _____ Date _____

SECTION B: To be completed by the current graduate program 1 authorized signer ONLY

Name of the current program 1 _____ Program level: Doctoral Master's

Authorized Signer Name (Print) _____

Authorized Signer Unique Name _____

Authorized Signer Position and Title _____

Authorized Signer Signature _____

Comments _____

Phone # _____ Today's Date _____

SECTION C: To be completed by the current graduate program 2 authorized signer 2 ONLY (if applicable)

Name of the current program 2 _____ Program level: Master's Certificate

Authorized Signer Name (Print) _____

Authorized Signer Unique Name _____

Authorized Signer Position and Title _____

Authorized Signer Signature _____

Phone # _____ Today's Date _____

Comments _____
