RACKHAM GRADUATE SCHOOL
UNIVERSITY OF MICHIGAN

STUDENT SERVICES: ADMISSIONS
915 E. Washington St., Ste. 0120, Ann Arbor, MI 48109-1070
Phone: 734.764.8129 Fax: 734.936.3335
Email: rackadmis@umich.edu

Rackham Pre-Approval Form for Dual Admission

Use this form to add an additional degree or certificate program to your current program. Without form approval, your application will not be processed and the application fee of $10 will not be refunded.

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.

Section A: Student Information

To be completed by the student.

Student First Name: _____ Student Last Name: _____

U-M Identification Number: _____ Uniqname: _____

Currently Enrolled Rackham Program 1 Name: _____

Program Level: ☐ Doctoral ☐ Master's

Currently Enrolled Rackham Program 2 Name: _____

Program Level: ☐ Doctoral ☐ Master's

Proposed Rackham Program Name: _____

Program Level: ☐ Master's ☐ Certificate

Term of Admission for Proposed Program

Year: _____ ☐ Fall ☐ Winter ☐ Spring ☐ Summer

Date: _____

Enter your first and last name certifying that all information in Section A is true and correct to the best of your knowledge.

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Section B: Program 1 Authorized Signer Approval

To be completed by the current Rackham Program 1 authorized signer.

Rackham Program Name: _____

Program Level: ☐ Doctoral ☐ Master's

Graduate Program Chair or Designate Name: _____

Uniqname: _____ Phone Number: _____

Graduate Program Chair or Designate Title: _____

Is the applicant applying to graduate in the current term? ☐ Yes ☐ No
If Yes, the applicant will require a paper application. For more information contact your Rackham Admission Specialist.

Comments: _____

Date: _____

Enter your first and last name certifying that all information in Section B is true and correct to the best of your knowledge.

Section C: Program 2 Authorized Signer Approval (if applicable)

To be completed by the current Rackham Program 2 authorized signer.

Rackham Program Name: _____

Program Level: ☐ Doctoral ☐ Master's

Graduate Program Chair or Designate Name: _____

Uniqname: _____ Phone Number: _____

Graduate Program Chair or Designate Title: _____

Is the applicant applying to graduate in the current term? ☐ Yes ☐ No
If Yes, the applicant will require a paper application. For more information contact your Rackham Admission Specialist.

Comments: _____

Date: _____

Enter your first and last name certifying that all information in Section C is true and correct to the best of your knowledge.