The Graduate School
Stony Brook University
Stony Brook, NY 11794-4433

Permission to Enroll in a
Secondary Degree Program
Please Type or Print carefully

Academic Information

Last Name (Current Name on SB Records)	**First** Name	**Student I.D. No.** (*not Social Security #*)

Are you a U.S. citizen? ☐ Yes ☐ No

Are you a Permanent Resident? ☐ Yes ☐ No

If you answered NO to both questions, indicate your immigration status:

Are you participating in a certificate program? ☐ Yes ☐ No

Academic Level (circle one) **G1   G2   G3   G4   G5**

Signature of Student _____   **Date** _____

The student listed above has approval to work concurrently towards the second degree (or certificate) listed below. We understand that by adding an additional degree program the time limits for the first degree remains the same and the student must complete the second program within the time limit for the original program completion. By signing below, we certify that we have reviewed the student's transcript and have developed a completion plan for both degrees. We understand that tuition scholarships may only be used for coursework pursuant to the program for which it was awarded, and that the student must be enrolled fulltime to receive a tuition scholarship. We understand that a maximum of 12 graduate credits earned prior to the student being accepted into the second program can be applied to the second program. Credits applied to the degree requirements of a primary program cannot be applied towards the degree requirements of a second degree program. ***International students must get this form signed by International Services before submitting it to the Graduate School for final approval.***

Primary Degree Program

Primary Program	**Degree Plan** (circle one)	**Matriculation Date** (circle one)
	MA MBA MFA MM MS DA DMA PhD	**Fall Spring Summer 20** ____

Student's Primary Program Advisor *(Please Print)* _____

Advisor's Signature _____   **Date** _____

Student's Graduate Program Director *(Please Print)* _____

GPD's Signature _____   **Date** _____

Secondary Degree Program (not Certificates)

Primary Program	**Degree Plan** (circle one)	**Semester Start** (circle one)
	MA MBA MFA MM MS DA DMA PhD	**Fall Spring Summer 20** ____

Student's Graduate Program Director *(Please Print)* _____

GPD's Signature _____   **Date** _____

Graduate School and International Services

International Student Advisor Approval *(if required)*:

Advisor's Signature _____   **Date** _____

☐ **Disapproved**   ☐ **Approved & Processed**

Graduate School _____   **Date** _____