Appendix K

University of Michigan
School of Art & Design

Application for Joint Degree

Name _____UM ID#_____

Local Address _____

Phone_____E-mail _____

School/College Currently Attending_____

Current GPA _____Number of Credits Completed on the Ann Arbor Campus_____

Other School _____Proposed Degree/Concentration _____

After completing the above information, you must gain the approval of each school/college. The signatures below signify approval and eligibility to enter the proposed program. Please provide a copy of your academic report when you see each advisor. Be prepared to discuss the rationale for pursuing two degrees. ***Return this form to Wendy Dignan, Academic Programs Associate, for processing.***

Signatures of Approval

_____ _____
School of Art & Design Date
Assistant Dean

_____ _____
Other School/College Program Advisor Date

_____ _____
Other School Dean or Designated Representative Date

I have read the requirements for this program published by the schools/colleges involved and wish to enter the joint degree program described above.

_____ _____
Signature of Student Date