



Office of Student Services
401 Washtenaw Avenue
Ann Arbor, Michigan 48109-2214
734.764.4472

**Application for MDDP
(Multiple Dependent Degree Program)**

Instructions: Obtain approval from each program/concentration advisor and the dean (or designated representative) for each school/college by obtaining the signature below. Please provide a copy of your Academic Report when you see each advisor. Be prepared to discuss the rationale for pursuing two degrees. Please return the completed form to 3745B Kinesiology.

Section I: Student Information (to be completed by the student).

PLEASE PRINT: Term of Application for Joint Program: _____

Name: _____ ID#: _____
Last First MI

Uniqname: _____ Phone: _____

Local Address: _____

Kinesiology Concentration/Major: _____

Second Unit Program (i.e.: LSA): _____

Second Units Concentration/Major (i.e.: BA History): _____

Section II: Signatures of Approval.

Kinesiology Program Advisor Date

Kinesiology Dean/Representative Date

Second Units Program Advisor Date

Second Units Dean/Representative Date

I understand the requirements for this program as set forth by both my program advisors and in the Bulletins of the schools/colleges involved and wish to enter the joint degree program described above.

Signature of Student Applicant Date