



# Dual Degree Program Participant Form

Carleton

ID \_\_\_\_\_ Name \_\_\_\_\_ Anticipated Final Term at Carleton \_\_\_\_\_

Engineering School \_\_\_\_\_

Please select your program: 3-2 (BA/BS) \_\_\_\_\_ 3-3 (BA/BS/MS) \_\_\_\_\_ 4-2 (BA/BS) \_\_\_\_\_ 4-3 (BA/BS/MS) \_\_\_\_\_

Submit your completed form to the Registrar's Office.

Detailed course plan demonstrating how and when you will complete your remaining Carleton requirements:

Term:	Year:		
Course	Title	Credits	Requirement Met by Course

Term:	Year:		
Course	Title	Credits	Requirement Met by Course

Term:	Year:		
Course	Title	Credits	Requirement Met by Course

Term:	Year:		
Course	Title	Credits	Requirement Met by Course

Term:	Year:		
Course	Title	Credits	Requirement Met by Course

\_\_\_\_\_  
(Student Signature) (Date)

\_\_\_\_\_  
(Adviser Signature) (Date)

By signing this form, I acknowledge that the student listed above will complete all comps and additional major requirements during their junior year.

\_\_\_\_\_  
(Department Chair Signature) (Date)

\_\_\_\_\_  
Dual Degree Liaison/Engineering Advisor (Date)