

This form is used to initiate and request approval for a program of study for a graduate student who seeks to simultaneously pursue two master's degree programs.

The student must be formally admitted to both programs before submitting these forms. Admission must be completed via an application through the Office of Admissions at <https://admissions.ufl.edu/apply/graduate/>.

Complete all fields on all pages of this form and obtain all required signatures. Do not allow students to fill out and submit this form. It must be filled out electronically by authorized academic staff, signed by the required administrators and submitted to the Graduate School at <https://uf.tfaforms.net/f/graduate-school-petition>. **Incomplete, incorrect or unsigned forms will be returned unprocessed.**

Name of person preparing form	Campus Mailing Address	Campus Telephone	Campus E-Mail
	POB		

Student UFID	Student Last Name	Student First Name	Student Middle Name
Student Campus Mailing Address	Student Telephone	Student E-Mail	
POB			

	First Master's Degree Program	Second Master's Degree Program
College		
Department		
Major		
Degree		
Concentration		
Thesis Option		
Identify the term this concurrent degree program goes into effect:		
Is either degree part of a previously approved combination degree program?		

Student Signature	First Program Signatures	Second Program Signatures
<div>Student _____ Date _____</div>	<div>Department Chair or Designee _____ Date _____</div> <div>College Dean or Designee _____ Date _____</div>	<div>Department Chair or Designee _____ Date _____</div> <div>College Dean or Designee _____ Date _____</div>

TO CLEAR ALL ENTRIES AND RESET THIS FORM, CLICK HERE.

FOR GRADUATE SCHOOL USE ONLY

<div>Graduate School Dean or Representative Signature _____ Date _____</div>	
<div>Date copies forwarded to department: _____</div>	<div>Approval of a program of study for a concurrent degree program does not constitute certification of those degrees for graduation.</div>

Submit completed forms via webform at <https://uf.tfaforms.net/f/graduate-school-petition>

Approval of this program of study does not constitute certification of this degree for graduation.

Name of person preparing form	Campus Mailing Address	Campus Telephone	Campus E-Mail
	POB		

FIRST MASTER'S DEGREE PROGRAM OF STUDY

Student UFID	Student Last Name	Student First Name	Student Middle Name
College	Department	Major	
Degree	Concentration	Thesis Option	

Course Prefix and Number	Course Title	Credits	Grade	Term/Year Taken	
Minimum total number of credits required for this master's degree					

CREDITS TO BE SHARED (NINE MAXIMUM) BETWEEN BOTH PROGRAMS (MUST BE SAME NINE CREDITS)

Course Prefix and Number	Course Title	Credits	Grade	Term/Year Taken	

Date _____

Date _____

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Important Note: These are two separate degree programs. Therefore, one thesis, terminal project or examination for both is **not** acceptable. The student must have individual supervisory committees for each degree program. The chair of each committee must be from the major department of that particular master's degree program. All courses taken by the student since admission to the University of Florida as a graduate student must be accounted for on these forms. At the department's discretion, up to **nine** credits may be shared between the two degrees. Any changes to these programs of study must be submitted to the UF Graduate School as soon as possible — no later than the midpoint deadline published in the graduate catalog for the term during which the student has applied for graduation. **Approval of this program of study does not constitute certification of this degree for graduation.**

Name of person preparing form	Campus Mailing Address	Campus Telephone	Campus E-Mail
	POB		

SECOND MASTER'S DEGREE PROGRAM OF STUDY

Student UFID	Student Last Name	Student First Name	Student Middle Name
College	Department	Major	
Degree	Concentration	Thesis Option	

Course Prefix and Number	Course Title	Credits	Grade	Term/Year Taken	
Minimum total number of credits required for this master's degree					

CREDITS TO BE SHARED (NINE MAXIMUM) BETWEEN BOTH PROGRAMS (MUST BE SAME NINE CREDITS)

Course Prefix and Number	Course Title	Credits	Grade	Term/Year Taken	

Student Signature

Date

Second Program's Supervisory Committee Chair Signature

Date

Second Program's Department Chair or Designee Signature

Date

Second Program's College Chair or Designee Signature

Date

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