Southern Connecticut State University

Registrar's Office
501 Crescent Street
New Haven, CT 06515-1355

Phone: 203-392-5301
Fax: 203-392-7144
Email: registrar@southernct.edu
Web: www.southernct.edu/registrar

Double Baccalaureate Contract

Return form to the Registrar's Office.

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State _____ Zip Code _____

Student ID Number _____ Phone Number _____ Email _____

This box is to be filled out by a staff member of the Registrar's Office.

Total Credits Earned: [ ] Overall GPA: [ ]

The student has requested to receive a B.S. degree in_____

with a concentration in (if applicable) _____

and a B.A./B.S. degree in _____ with a concentration in

(if applicable) _____.

The student had an overall GPA of 3.30 when accepted into both programs and departments. The student understands that he/she must complete a minimum of 150.0 credits and maintain an overall GPA of 3.30 to graduate with both degrees. The student understands that he/she must meet all liberal education requirements for each program. Courses used for the liberal education requirements may not be used for courses in major area, and courses used in one major area may not be used toward the other major area. The student understands the completion of this program ordinarily will take five years.

I understand the above information and verify it is correct. I further understand that if I fail to meet any of the requirements I am not eligible for the double baccalaureate.

Signature of Student _____ Date _____

Signature of 1st Department Chair _____ Date _____

Signature of 2nd Department Chair _____ Date _____

Signature of Registrar or Designee _____ Date _____