UNIVERSITY OF OREGON

Concurrent Degree Program Plan

UO ID _____ **Last Name** _____ **First Name** _____

UO Email _____ **Concurrent Degree Type:** ◯ **Master's/Master's** ◯ **Doctoral/Master's**

You must apply for graduation and submit this completed Program Plan to the Division of Graduate Studies no later than Friday of Week 2 in the term of graduation (for either or both degrees).

Degree 1

Major 1 _____ (MA, MS, MEd, etc) _____

Term	Course #	Course Title	Credits
Example S11	AAAP 510	Research Methods	3

Degree 2

Major 2 _____ (MA, MS, MEd, etc.) _____

Term	Course #	Course Title	Credits
Example S11	AAAP 510	Research Methods	3

Major 1

Department Rep Name: _____

_____

Department Representative Signature Date

_____

Division of Graduate Studies Approval Date

Major 2

Department Rep Name: _____

_____

Department Representative Signature Date