

**Addition of Accelerated Dual Degree**

*The University of Oklahoma Health Sciences*  
**REQUEST FOR ADMINISTRATIVE/INTERNAL CHANGES**

**College:**

**Name of New Accelerated Dual Degree:**

**Degree programs included:**

Degree Name:

Campus

Degree Name:

Campus

Contact:

Title: ""

Phone:

Email:

Norman Contact (if applicable):

Title:

Phone:

Email:

**LIST COURSES THAT WILL BE COUNTED FOR BOTH DEGREES** (No more than 15% of required coursework may be used to satisfy requirements of both degrees.)

Department Prefix and Course Number

Course Name

Hours

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**Objective for dual degree:**

**Reason for requested action:**

**Will the new accelerated degree be offered be offered 100% Online**

**Will the requested change require additional funds?**

*If yes, please specify the amount of the additional costs, the source of the funds, and how they will be expended (if explanation exceeds space provided, attach no more than one page).*

**Which will be “Home Campus” for awarding Financial Aid?**

*Attach the proposed curriculum requirements, highlighting courses that will count for both degrees.*

*The University of Oklahoma Health Sciences*

**Approval Signatures for Accelerated Dual Degree**

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

\_\_\_\_\_  
(College Dean or Dean's Designee) (Date)

\_\_\_\_\_  
(Graduate College Dean, if applicable) (Date)

\_\_\_\_\_  
(College Dean or Dean's Designee) (Date)

\_\_\_\_\_  
(Graduate College Dean, if applicable) (Date)

\_\_\_\_\_  
(Academic Programs Council) (Date)

\_\_\_\_\_  
(Provost) (Date)

*Submit forms to the University of Oklahoma Health Sciences Office of Admissions and Records, G. Rainey Williams Pavilion, Room 2410. After Academic Program Council approval, notification of approval and this form will be sent to the Provost's Office on the Norman Campus.*