

MARSHALL UNIVERSITY OFFICE OF GRADUATE RECORDS & ADMISSIONS

100 Angus E. Peyton Drive • South Charleston, WV 25303-1600 • 304-746-1900 • 1-800-642-9842 x61900 • Fax 304-746-1902

SECONDARY PROGRAM REQUEST FORM

Please use this form when requesting Secondary Program status.

Departmental permission is required. No application fee is required for secondary program status.

Examples of Secondary Program Status: Students completing requirements for a Graduate Certificate while completing requirements for a master’s degree in the same program area; Students completing requirements for an additional master’s degree (in some cases an Ed.S.) while completing requirements for an Ed.S. or Ed.D. (students generally must be admitted to Ed.S. or Ed.D. first and the additional master’s must be in the same program area as the Ed.S. or Ed.D.). Students completing a master’s in Elementary Education for the Ed.S. in School Psychology is also considered a Secondary Program.

PLEASE NOTE: This form may **NOT** be used to request a dual degree or multiple majors (new major or to add an additional major in another program area). Any student requesting a new major or adding a second major in a different program area will need to complete a new *Graduate Application for Admission*, and submit all additional required admission materials for the new major, including the application fee. For more information on multiple degrees, please see the Graduate Catalog.

PLEASE PRINT CLEARLY – THANK YOU

Student’s Name: _____ MU ID #: _____

Please list any other name you have used while attending Marshall: _____

Mailing Address: _____
Check if address is new

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Preferred Email: _____

Current Major (program) and Area of Emphasis: _____

Secondary Program Request (list secondary program requested): _____

Comments: _____

AUTHORIZED SIGNATURES - The student’s signature and both authorized signatures below are required.

Student’s Signature Required

Date

Current Program (major) Date
(Advisor, Program Director or Dean)

Secondary Program Date
(Advisor, Program Director or Dean)

FOR OFFICE USE ONLY:		<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Year: _____	MAT: _____
UGPA:	_____					GRE: _____
GGPA:	_____					GMAT: _____
						Form Updated: 4/1/2009