

Local Address (Please Print Clearly)

Surname	Given Name	Initial
Street		
City	Province	Postal Code
Email Address		

UWindsor ID# _____

Telephone _____

Current Degree/Certificate Program: _____ **General** **Honours**

Expected Graduation Date from Current Program: _____

2nd Degree/Certificate Program: _____ **General** **Honours**

Expected Graduation Date from 2nd Program: _____

Student Signature: _____ Date: _____

Once completed, please return this form to the Office of the Registrar for an evaluation and response.

Please read the University of Windsor Senate policy pertaining to the Declaration of a Second Degree program printed from the current general calendar, on the reverse of this form. For the most current policy please visit [www.current.uwindsor.ca/Academic Calendars/](http://www.current.uwindsor.ca/Academic_Calendars/) select the most recent calendar / Undergraduate Degree Requirements.

Office of the Registrar Use ONLY

Total number of courses required to receive both degrees/certificates indicated above: _____
Courses required to receive both degrees/certificates indicated above: _____

Total number of courses that must be completed at the University of Windsor: _____
For specific program requirements please see attached degree audit.
Evaluator Signature: _____ Date: _____