

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	Fir	First Name  City		Middle Initial	
Street Address	-			Zip Code	
Student ID Number	Phone Number	 Email			
This b	oox is to be filled out b	y a staff member o	f the Registrar's	Office.	
Total Credits Earned:			Overall GPA:		
The student has reque	sted to receive a B.S. o	degree in		·,	
and a B.A./B.S. degree	in	<u>.</u>			
The student had an overstudent understands the GPA of 3.30 to graduate liberal education requirequirements may not be used toward the other ordinarily will take five	nat he/she must comp e with both degrees. rements for each pro be used for courses in ner major area. The st	olete a minimum o The student under gram. Courses used n major area, and c	of 150.0 credits a rstands that he/s d for the liberal courses used in c	nd maintain an overall she must meet all education one major area may not	
I understand the above any of the requirement		•		d that if I fail to meet	
Signature of Student				Date	
Signature of 1st Department Chair				Date	
Signature of 2nd Department Chair				Date	
Signature of Reg			 Date		