THE GRADUATE SCHOOL

Double Degree Program Proposal Form

BINGHAMTON UNIVERSITY THE GRADUATE SCHOOL

PO Box 6000 Binghamton, New York, 13902-6000 607-777-2077, Fax: 607-777-2501 gradschool.binghamton.edu

Name of proposed program:

List all the existing registered graduate masters programs that will be part of the proposed double degree program, as well as the associated SED and major codes.

Program	Program title	Award (MA, MS)	Credit hours	SED program code	Major code
Program 1					
Program 2					

Provide a brief overview of the program, including describing the preparation students will receive and expected job placements.

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List all the courses (and corresponding credit hours) required for each existing program, and indicate which courses will be counted toward both programs.

Program 1		Program 2		Double degree (programs 1 & 2)	
Course name & number	Credit hours	Course name & number	Credit hours	Course name & number	Credit hours
Total credits		Total credits		Total credits	

Required courses for program 1:

Required courses for program 2:

What is the length of time students will have to complete the proposed program?

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Campus governance approval date:

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Credit Hours

1)	Total credits hours for Degree 1:	
2)	Total credit hours for Degree 2:	
3)	Total credits for both degrees completed separately (add 1 and 2):	
4)	Total credits for proposed Double Degree:	
5)	Total number of credit hours that may be double-counted (subtract 4 from 3):	
For all 1) 2) 3) 4) 5) 6)	of the double counted credit hours, please indicate under which of the following criteria a Equivalent courses in both programs (such as introductory research methods classes) for determine that either one (or a specific one) will fulfill the requirements of both credits; Elective credits for one program that are fulfilled by taking required courses in the other Elective credits outside of either program which count toward both degrees; Experiential credits which can be coordinated to simultaneously meet the requirements of Culminating experience credits (thesis, capstone, etc.) which are assessed using the crite	which the programs program; of both programs;
	w feasibility of the proposed program, please fill out a sample schedule of all requirement and submit the sample schedule with this form.	nts needed to complete the
Appro	ovals	
Signat	ure of Department Chair Degree Program 1:	Date:
Signat	ure of Department Chair Degree Program 2:	Date: