



## Student Initiated Combined Degree (SICD) Request Form

### Instructions

1. Save the Student Initiated Combined Degree Request Form and open it on your computer.
2. Complete all sections by filling out applicable text fields.
3. Route the completed form for approval via electronic signature in the following order:
  - i. Undergraduate Faculty Advisor
  - ii. Undergraduate Program Unit Head
  - iii. Graduate Program Director
4. Submit the form with signatures to The Graduate School for final approval.

Please contact The Graduate School at (616) 331-7105 for assistance.

### Section 1: Student Information

Name: \_\_\_\_\_  
G Number: \_\_\_\_\_

Date: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Section 2: Undergraduate Degree Information

Undergraduate Degree Program(s): \_\_\_\_\_ Current Undergraduate GPA: \_\_\_\_\_  
Number of Undergraduate Level Credits Completed: \_\_\_\_\_  
Undergraduate Faculty Advisor: \_\_\_\_\_

### Section 3: Graduate Degree Information

Graduate Degree Program: \_\_\_\_\_  
Graduate Program Director: \_\_\_\_\_  
Potential Graduate Faculty Advisor (if appropriate): \_\_\_\_\_  
Total Number of Graduate Credits Required by the Program: \_\_\_\_\_

### Section 4: Combined Degree Program

Desired Start Date: \_\_\_\_\_ Anticipated SICD Completion Date: \_\_\_\_\_  
Number of Graduate Credits Applied to Both Degrees: \_\_\_\_\_

### Section 5: Statement of Purpose

Please provide a brief statement explaining why you wish to pursue a combined degree program.

**Section 6: Plan of Study**

List undergraduate courses (course prefix, number and number of credits) that will be taken after SICD approval. Generic designation of Gen Ed courses (e.g. GenEd 1) is acceptable.


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List the graduate courses that will be dual-counted for both the undergraduate and graduate degrees (course prefix, number and number of credits) up to a maximum of 12 credits:

**GRADUATE COURSE****UNDERGRADUATE REQUIRMENT FULFILLED**


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Explain how the undergraduate degree requirements (e.g. capstone or internship) will be fulfilled if the student does not complete the graduate degree program (To be completed by the undergraduate degree/major faculty advisor and the graduate program director):

## Section 7: SICD Program Request Signature Page

**Student Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Please type name: \_\_\_\_\_

I verify that all the information on this form is factual to the best of my knowledge.

**Undergraduate Faculty Advisor Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Please type name: \_\_\_\_\_

I verify that the plan of study will satisfy the requirements of the undergraduate degree.

Support: \_\_\_\_ Yes \_\_\_\_ No

**Undergraduate Program Unit Head Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Please type name: \_\_\_\_\_

I approve all undergraduate course substitutions.

Support: \_\_\_\_ Yes \_\_\_\_ No

**Graduate Program Director Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Please type name: \_\_\_\_\_

I approve the above named student for admission into the listed graduate program.

Support: \_\_\_\_ Yes \_\_\_\_ No

**Dean of The Graduate School Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Please type name: \_\_\_\_\_

Support: \_\_\_\_ Yes \_\_\_\_ No

**Additional Comments:**