



SIMMONS UNIVERSITY

Office of the Registrar
300 The Fenway, Boston, MA 02115
Tel 617.521.2111 Fax 617-521.3144
registrar@simmons.edu

DUAL DEGREE AWARD DETACHMENT

Student should complete this form to petition for different conferral dates for the degrees in LIS Archives and History. Students completing this form must have completed all the requirements for one program and made significant progress in the other.

To ensure that all records are up to date, Simmons requires students to obtain the permission of both program directors involved in the dual degree.

Students not intending to complete both halves of a dual-degree program should not use this form.

Student Name: _____ Simmons I.D.: _____

E-mail Address: _____ Phone Number: _____

Intended conferral date of Archives Degree (MSLIS): May/Year _____
 August/Year _____
 October/Year _____
 January/Year _____

Intended conferral date of History Degree (MA): May/Year _____
 August/Year _____
 October/Year _____
 January/Year _____

Signatures:

Student's Signature: _____ Date: _____

LIS Archives Program Director: _____ Date: _____

History Program Director: _____ Date: _____

Student Financial Services Counselor: _____ Date: _____

Please return completed form to the Office of the Registrar.