



Dual Masters Degrees Information Sheet	
To: Lara Bailey, Graduate Student Services Manager	
Student Information	
Name:	
PID:	
SILS Degree (check one): <input type="checkbox"/> MSIS <input type="checkbox"/> MSLS	
Dual degree program you plan to complete(check one): <input type="checkbox"/> Art History- MA <input type="checkbox"/> Business- MBA <input type="checkbox"/> Government-MPA <input type="checkbox"/> Law-JD <input type="checkbox"/> Nursing-MSN <input type="checkbox"/> Public Health- MHA <input type="checkbox"/> Public History/Archival at NC State	
E-mail:	
Semester admitted to SILS:	Semester admitted to other degree program:
Expected SILS graduation date:	
Expected other degree program graduation date:	

Please list courses that will count toward your SILS degree:
(the number of hours that count toward your SILS degree varies by program)

Course Number	Title	Credit Hours

Please list courses that will count toward your other degree program: (9 hours)

Course Number	Title	Credit Hours

Please return completed form to Lara Bailey, Graduate Student Services Manager