**DUAL DEGREE OFFERED *WITHIN* A SINGLE COLLEGE/UNIVERSITY**

**PRIOR NOTIFICATION FORM**

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| --- | --- |
| **Institution:** | |
| **College/Division:** | **College/Division:** |
| **Department:** | **Department:** |
| **Degree Name:** | **Degree Name:** |
| **CIP Code:** | **CIP Code:** |

**1) Include a copy of the agreement between departments of the institution.**

**2) The agreement shall include a statement of intent, anticipated start date, description of the proposed collaborative agreement, address/location of the collaborative activity, and contact information for the lead person(s) of each department.**