



UNIVERSITY OF  
**SOUTH CAROLINA**

Office of the University Registrar

Columbia, SC 29208

Telephone (803) 777-5555 • Fax (803) 777-6349

**Second Degree Declaration**

INSTRUCTIONS: In order to declare a second degree, the student must meet with both Deans' Offices. The student should first meet with the Dean's Office of the program in which the second degree will be sought to determine whether the student qualifies. The student should then meet with Dean's Office of the program in which the student is already a part. The student's current Dean's Office is responsible for submitting this form to the Office of the University Registrar for entering into the student's academic record.

Date: \_\_\_\_\_ Student Number: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First Middle (Maiden)

Local Address: \_\_\_\_\_

City State Zip

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Area Code

I understand that this document could affect my financial aid/tuition and that I am responsible for consulting with the Financial Aid Office/Bursar's Office PRIOR to completion of this form.

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

REQUEST PRIMARY/CURRENT COLLEGE APPROVAL:

Primary College: \_\_\_\_\_

First Major: \_\_\_\_\_

Minor: \_\_\_\_\_ Area of Emphasis: \_\_\_\_\_

Degree: \_\_\_\_\_

Current Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Effective: \_\_\_\_\_  
(Term/Year)

AS-191 (1/04)

REQUEST ACCEPTANCE INTO:

Secondary College: \_\_\_\_\_

Major Of: \_\_\_\_\_

Minor Of: \_\_\_\_\_ Area of Emphasis: \_\_\_\_\_

Degree Of: \_\_\_\_\_

Secondary Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Effective: \_\_\_\_\_  
(Term/Year)

AS-193 (3/04)