



Request to Matriculate for a Second Degree

****For students who have already graduated from CCM****

****This form will not be processed until you have earned your first degree****

Policy regarding Second Degrees –Students should consult with their academic advisor before pursuing a second degree or certificate. Students who have completed a County College of Morris (CCM) certificate program are eligible to matriculate for a second certificate or degree program. Students who have completed a CCM degree program are eligible to matriculate for another degree or certificate. Required specialized courses for the degree or certificate must be discussed with the advisor. A minimum of 21 academic credits related to a major must be earned in the second program in consultation with the appropriate department chair and academic dean determining which courses these additional credits will represent. This will replace the residency requirement applicable to the first degree. Where necessary, additional credits must be completed to meet general education requirements for the second degree or certificate. All other current degree requirements must also be met before the second degree will be awarded. Students must declare intent to pursue a second degree, second certificate or dual degree at least two semesters prior to graduation. Admission to second degree or certificate programs with heavy enrollment demands will be on a space available basis. A credit transfer evaluation from a student’s first program to the second degree or certificate will be made at the time of matriculation. Courses will be treated as internal transfer credits and transfer grades will not be used in the grade point average calculation for the second degree or certificate.

Please Print:

Name _____ CCM ID _____

Address _____ Email _____

First CCM Degree: Year Graduated _____ Major _____

Second CCM Degree: Major requested _____

Student Signature _____ Date _____

*****Records and Registration Office Use Only*****

Approved

Not Approved

Comments: _____

Department Dean or Chairperson _____ Date _____

Associate Registrar _____ Date _____