

3-2 Participant Information Form

Name: _____ ID#: _____

Anticipated Graduation date*:

IWU _____

Degree Desired: BA BS

Participation in commencement:

Majors/Minors: _____

Yes No

**You may want to contact the Financial Aid Office as your graduation date may affect any Financial Aid you receive.*

Program/Institution you will be attending:

<input type="checkbox"/> Engineering:	<input type="checkbox"/> Occupational Therapy:	<input type="checkbox"/> Forestry & Environmental Management:
<input type="checkbox"/> Washington University, St. Louis, MO	<input type="checkbox"/> Washington University, St. Louis, MO	<input type="checkbox"/> Duke University, Durham, NC
<input type="checkbox"/> Case-Western Reserve University, Cleveland, OH		
<input type="checkbox"/> Columbia University, NY		

When do you expect to graduate from the 2nd institution? _____

Personal Contact Information for Future Use:

(Address)

(Phone Number)

(E-mail)

Do you plan to continue using your IWU e-mail address? Yes No

Signatures:

Institutional Liaison for dual-degree programs

Student

Date

Date