



Concurrent Degree Department Contact Form **TO THE APPLICANT**

Complete this section and email this form to the department contact person before your appointment.

Student Name: _____

Desired semester to begin CD _____ Desired major in CALS: _____

Current College: _____ Current Major: _____

Please sign your name next to one of these statements.

I waive my rights of access to this recommendation _____

I do not waive my rights of access to this recommendation _____
and wish to view it upon request

TO THE DEPARTMENT CONTACT PERSON

Coordinating advisors play a significant role in the CALS Concurrent Degree application process when meeting with prospective students from other colleges at Cornell. Advisors decide if the student is a good fit for their intended major and is prepared academically to complete a concurrent degree in that major.

Please mail this completed form to 177 Roberts Hall or send via email to cals_admissions@cornell.edu with subject line: CD Contact Form.

Department Contact Name: _____ Date: _____

I have concerns regarding this student's ability to graduate within 10 semesters
or his/her understanding of this major. Yes No

I recommend this student for a concurrent degree. Yes No

Comments:

Please contact our office if you have any questions.