

ACCELERATED BACHELOR'S TO MASTER'S DEGREE PROGRAM ENROLLMENT REQUEST

Instructions: Undergraduate students who wish to pursue one of the accelerated bachelor's to master's degree programs listed below must complete all information on this form and submit to their current major department chairperson. **In addition, please include a letter containing a goal statement explaining your interest in the program. Programs may have additional requirements.**

Student Name: _____ **Phone:** _____

Current Plan of Study: _____ **Cumulative GPA:** _____

Total Earned Credits: _____

Please select the accelerated bachelor's to master's degree program you wish to pursue.

Student's signature: _____ **Date:** _____

Current Major Department Chairperson: _____ **Date:** _____

Accelerated Program Coordinator: _____ **Date:** _____

Please identify the student's new undergraduate advisor (name & ID): _____

Corresponding Graduate Program Coordinator: _____ **Date:** _____

☐ Accept (Prov/Cond)

☐ Deny

Additional Comments:

Dean of The Graduate School (or designee): _____ **Date:** _____

☐ Accept (Prov/Cond)

☐ Deny

Office Use Only

Processed by: _____ **Date:** _____