

Office of the University Registrar

25 University Avenue, West Chester, PA 19383

Ph: 610-436-3541 Fx: 610-436-2370

www.wcupa.edu/registrar registrar@wcupa.edu

WCU ID#

Required

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

<u>Instructions:</u> Undergraduate students who wish to remove themselves from an accelerated program and declare a new undergraduate plan of study must complete this form. Please complete all information on the form and obtain the required signatures. Once complete, return to the Registrar's Office for processing.		
Student Name: Phone:		
Please select the accelerated program you are currently pursuing.		
 □ Accelerated B.S. Biology – Ecology and Conservation Concentration to M.S. Biology (Thesis Option) □ Accelerated B.S. Biology – Integrative Biology Concentration to M.S. Biology (Thesis Option) □ Accelerated B.S. Computer Science to M.S. Computer Science □ Accelerated B.S. Criminal Justice to M.S. Criminal Justice □ Accelerated B.S. Criminal Justice – Philadelphia Campus to M.S. Criminal Justice – Philadelphia Campus □ Accelerated B.A. Geography to M.S. Geography □ Accelerated B.S. Geoscience – Earth Systems Concentration to M.S. Geoscience □ Accelerated B.S. Geoscience – Geology Concentration to M.S. Geoscience □ Accelerated B.S. Health Science – Sports Medicine Studies Concentration to M.S. Athletic Training □ Accelerated B.S. Mathematics to M.A. Mathematics □ Accelerated B.S. Mathematics – Applied & Computational Mathematics Concentration to M.S. Applied & Computational Mathematics □ Accelerated B.S. Mathematics – Mathematics Concentration to M.S. Applied Statistics □ Accelerated B.S. Nutrition – Dietetics Concentration to M.S. Community Nutrition □ Accelerated B.S. Urban and Environmental Planning to M.S. Geography □ Accelerated B.S. Urban and Environmental Planning to Master of Urban and Regional Planning 		
Please confirm that you wish to remove yourself from the accelerated program selected above. (Please initial) Yes		
Desired Major: Plan Code:		
Student's Signature: Date:		
Office Use Only		
Processed by: Date:		

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Accelerated Program Coordinator:	Date:
Chairperson of Desired Major:	Date:
Please identify the student's new advisor (name & ID):	
Dean of The Graduate School (or designee):	Date: