

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

Instructions: Undergraduate students who wish to pursue one of the accelerated bachelor 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 to master's degree program you wish to pursue.

- ☐ 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.A. 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.A. Mathematics
- ☐ Accelerated B.S. Mathematics – Statistics Concentration to M.S. Applied Statistics
- ☐ Accelerated B.S. Nutrition and Dietetics to M.S. Community Nutrition
- ☐ Accelerated B.A. Philosophy to M.A. Philosophy

Student's signature: _____

Date: _____

Current Major Department Chairperson: _____

Date: _____

Accelerated Program Coordinator: _____

Date: _____

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

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Processed by: _____ Date: _____



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

Corresponding Graduate Program Coordinator: _____ Date: _____
☐ Accept (Prov/Cond) ☐ Deny

Additional Comments:

Dean of Graduate Studies (or designee): _____ Date: _____
☐ Accept (Prov/Cond) ☐ Deny

Office Use Only

Processed by: _____ Date: _____