

## 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 DEGREE PROGRAM ENROLLMENT REQUEST

<u>Instructions:</u> Undergraduate students who wish to change their major to one of the accelerated bachelor degree programs listed below must complete all information on this form and obtain the required signatures. Once complete, please return this form to the Registrar's Office for processing.

In order to remain in an accelerated program you must maintain at least a 3.0 GPA.

Student Name:	Phone:
Current Plan of Study:	Cumulative GPA:
Please select the accelerated bachelor's program you wish to pursue.	
<ul> <li>□ Accelerated B.S. Criminal Justice</li> <li>□ Accelerated B.S. Criminal Justice – Philadelp</li> <li>□ Accelerated B.S. Health Science – Sports Medical Accelerated B.A. Mathematics</li> <li>□ Accelerated B.S. Mathematics – Computation</li> <li>□ Accelerated B.S. Mathematics – Industrial M</li> <li>□ Accelerated B.S. Mathematics – Mathematics</li> <li>□ Accelerated B.S. Nutrition and Dietetics</li> </ul>	dicine Studies Concentration  nal Mathematics Concentration  (athematics Concentration
Current Major Department Chairperson:	Date:
Accelerated Program Coordinator:	Date:
Please identify the student's new advisor (name & ID):	
Corresponding Graduate Program Coordinator:	Date:
Associate Dean of Graduate Studies:	Date:
Student's signature:	Date:
Processed by: Date:	