

## Office of the University Registrar

25 University Avenue, West Chester, PA 19383

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

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

## WCU ID#

Required

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

*Instructions:* 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 – 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 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: \_\_\_\_\_ Accelerated Program Coordinator: \_\_\_\_\_\_ Date: \_\_\_\_\_ Chairperson of Desired Major: \_\_\_\_\_\_ Date: \_\_\_\_\_ Please identify the student's new advisor (name & ID): \_\_\_\_\_\_ Dean of Graduate Studies (or designee): \_\_\_\_\_\_ Date: \_\_\_\_\_ Office Use Only

\_\_\_\_\_ Date: \_\_\_\_\_