

Accelerated Master's Degree Admission Request

Bachelor's Degree: _____

Master's Degree: _____

Student's Name (Print and Sign)

ID Number

To be completed by the Department:

Term the student is set to graduate with their undergraduate degree: _____

Students undergraduate GPA to date: _____

Course(s) to be included as part of the Accelerated Master's Degree:

Course:	Credit Hours:	Course:	Credit Hours:

The above student is approved to be in the Accelerated Master's Degree program.

Signature of Graduate Advisor

Date

Signature of Department Chair

Date

The above student is approved to be in the Accelerated Master's Degree program.

College Dean

Date

Return completed form to Lisa Allen (103 Russ Hall)