

## 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

**To be completed by the Graduate Office:**

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

\_\_\_\_\_  
College Dean

\_\_\_\_\_  
Date