PITTSBURG STATE UNIVERSITY Off Request for Accelerated Program

Department/School of	College		Date Submitted
Effective Date			
Accelerated Program Description/Ratio	onale:		
Eligibility Requirements:			
Courses to be included:			
courses to be included.			
Signature, Departmental Curriculum Committee Chairperson		Date	
Signature, College Curriculum Committee Chairperson (if applicable)		Date	
Signature, Council for Teacher Education Chairperson (if applicable)		Date	
Signature, Dean of College		Date	
Signature, Graduate Council Chairperson		Date	