Accelerated Degree Program Admission/Approval Form: A student must apply to be officially confirmed as an Accelerated Degree Program student when they have attained 90 earned credit hours and have no more than 120 registered credit hours. All applicants must have a minimum 3.00 cumulative GPA* and must maintain this minimum GPA throughout the program (*some departmental standards may be higher and students are required to follow the guidelines as set forth by their respective programs). It is the student’s responsibility to secure all the necessary signatures within 30 days of initiation of the application process. The completed process date on the form is the date on which the application is approved by the Graduate Studies Office.

Name of Student: ___________________________ Student ID: ___________________________

Degree Program Currently Enrolled in: _____________________________________________

Anticipated Graduate Degree Program: __________________________________________

Credit Hours Earned: ____________ Cumulative Grade Point Average: ________________

Anticipated Undergraduate Graduation Date: _____ Anticipated Graduate Graduation Date: _____

NOTE: A Detailed Plan of Study and Co-op Cycle Change Form including scheduled coops must accompany this form. No Co-op adjustment is allowed after this form is completed and processed.

Student: ___________________________ Date: ___________________________

Acknowledges that he/she has read and understands the policy and implications for enrolling in the above accelerated degree program per the academic policy as listed on the University Provost’s website. In order for the change to be applicable to the selected term, the form must be submitted to the Graduate Studies Office no later than the end of the second week of the selected term.

Administrative Offices

Undergraduate Advisor: ___________________________ Date: ___________________________

Graduate Advisor: ___________________________ Date: ___________________________

Dean’s Signature (College of Engineering) ___________________________ Date: ___________________________

Co-op Advisor: ___________________________ Date: ___________________________

International Student and Scholar Services: ___________________________ Date: ___________________________

(International Students Only) Check below if there are changes to billing/funding

Office of Financial Services: ___________________________ Date: ___________________________ □ Yes □ No

Student Resource Center: ___________________________ Date: ___________________________ □ Yes □ No

Graduate Studies Office: ___________________________ Date: ___________________________