



**Accelerated 4+1 Masters Program Application**

PLEASE PRINT

DATE \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CSU ID Number \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

**Program information**

4+1 program: \_\_\_\_\_

Are you in the: Honors Program?  Yes  No Scholars Program?  Yes  No

McNair Scholars Program?  Yes  No STARS Program?  Yes  No

Accelerated program start term/year: \_\_\_\_\_ (this is the first term in which you may take 500-level graduate courses)

Expected graduation term/year (bachelor's degree): \_\_\_\_\_

Standing:  Sophomore  Junior  Senior

Hours earned \_\_\_\_\_ Grade point average \_\_\_\_\_

GRE taken/scheduled date (not required for all programs): \_\_\_\_\_

GRE scores (if known): Q \_\_\_\_\_ Verbal \_\_\_\_\_ Analytical Writing \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*By signing this document, I am affirming my understanding that any change to my current program, or any academic change affecting my GPA will negate my approval to this 4+1 program. I understand that I cannot apply more than twelve graduate (12) credit hours earned as an undergraduate to a master's degree.

*Office use only.*

Student is eligible for the 4+1 program in \_\_\_\_\_.

Graduate program director: \_\_\_\_\_

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

*Distribution: Original to Office of the University Registrar, KB 1400  
Copy to Assistant Director, Graduate Admissions, PH 211*