



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*