



OFFICE *of* RESEARCH & GRADUATE STUDIES

ACCELERATED BACHELOR TO MASTER'S PROGRAM STATUS FORM

Please complete this form immediately after registering for your final term as an undergraduate student.

Name of Student: _____

Student ID Number (PIDM): _____

Name of Undergraduate Advisor: _____

Accelerated Program (select one):

- _____ BA/MA Communication Arts Bilingual Communications
- _____ BA/MA Communication Arts Convergent Media
- _____ BA/MA Communication Arts Media Studies
- _____ BBA/MS Accounting
- _____ BS/MS Nutrition

RECOMMENDATIONS CONCERNING ADMISSION TO GRADUATE STATUS

Based on advisement, this student will be ready to move to graduate status and be exclusively enrolled in this semester and year:

_____ Fall of _____

_____ Spring of _____

_____ Summer of _____

I have met with my advisor and agree to this plan:

Student Signature

Date

Accepted: Yes No _____
Student's Undergraduate Advisor

Date

Accepted: Yes No _____
Graduate Program Advisor

Date

If this plan for movement to graduate status changes due to the student's registration, the Office of Admissions will be empowered to change the date of graduate status.

Distribution: Original to Graduate Admissions, copies to Research and Graduate Studies, Graduate Program Advisor.