DUAL/ACCELERATED ENROLLMENT FORM

Dual/Accelerated Degree (Bachelor’s to Master’s) in __________________________________________

(name of program)

This form, if approved by the appropriate offices, authorizes the below named student to enroll in both undergraduate and graduate level coursework for the given semester. Authorization will only be granted to students formally admitted to the dual/accelerated Bachelor’s to Master’s program, and students making satisfactory progress towards the completion of this program. Students granted dual enrollment will be counted as Undergraduate Students, but will earn Graduate credit and pay Graduate level tuition for the graduate courses approved below. Student’s signature indicates he/she understands that if the dual/accelerated program is not completed, joint courses (normally recorded on both graduate and undergraduate transcripts) will only be recorded as undergraduate credit (on the undergraduate transcript).

Student name: __________________________    Student signature: _______________________

Student ID number: ______________________   Semester: ___________________________

<table>
<thead>
<tr>
<th>Level</th>
<th>Department</th>
<th>Course Number</th>
<th>Title</th>
<th>Section Number</th>
<th>Joint Course (yes/no)</th>
<th>Credit hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate Courses</td>
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<tr>
<td>Graduate Courses</td>
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The above named student has been formally admitted to the dual/accelerated BS to MS program and has permission to enroll in the above listed courses.

The student’s advisory committee is: _________________________________ (chair)

_________________________________ (member)

_________________________________ (member)

_________________________________ (member)

_________________________________ (member)

Graduate Coordinator: ____________________________ Date: ________________

To be completed by the Graduate School:

Admit semester: ______________________ GPA (GR courses) ______________________

Action: _____ Approved     _____ Denied     Date: ____________________________

Graduate School Dean Signature: ____________________________________________

800 level override granted: ____________________________________________

(signature of admissions officer and date)