



# Accelerated Program Application

## GRADUATE SCHOOL

4202 East Fowler Avenue, ALN226, Tampa, FL 33620

TEL: (813) 974-8800 FAX: (813) 974-5762

www.grad.usf.edu

### STUDENT INFORMATION

Please initial, indicating agreement:

- I have reviewed the *Accelerated Program Requirements* and information (<http://www.grad.usf.edu/accelerated.php>)
- I have met with my undergraduate and graduate academic advisors regarding program requirements, procedures, and established a clear curricular pathway to both degrees.
- I have consulted with Financial Aid to determine any potential ramifications during the change from undergraduate to graduate standing.
- I confirm acknowledgement of potential financial aid implications: **Signature of Financial Aid Officer:** \_\_\_\_\_

University ID#: \_\_\_\_\_

Legal Name:

Last Name

First Name

Middle Name

Street Address Apartment Number

City / State / Zip Code

Telephone Number (please include area code)

Fax Number (please include area code)

E-mail Address

*x*

Student's Signature

Date

### SUPPORTING DOCUMENTATION

The following checklist of supporting documentation must be attached

- A list of fellowships and scholarships student is currently receiving
- Program of study, by semester, of requirements to complete the Accelerated Program, including shared undergraduate/graduate courses and anticipated date of bachelor's conferral
- Current unofficial USF Transcript
- Copy of the I-20 for International Students. International Students are required to contact International Services (IS) 813-974-5102

### COLLEGE / DEPARTMENT RECOMMENDATION

<b>Effective Term of Entry:</b>				<b>NOTE:</b> Effected term of entry reflects entry into the Accelerated Program and not the semester that the student progresses to Graduate Standing		
<b>Accelerated Graduate Program Code:</b> <i>(refer to the Accelerated Graduate Program List)</i>	COLLEGE CODE	DEGREE CODE	MAJOR CODE	DEPARTMENT CODE	CONCENTRATION CODE (if applicable)	ATTRIBUTE CODE
<b>GRE Information:</b> <i>For equivalents, please attach relevant documentation</i>	GRE DATE	GRE VERBAL	GRE QUANTITATIVE	GRE ANALYTICAL WRITING		
<b>Justification if No GRE Test Score:</b>						
<b>CLAST Information:</b> <i>(if applicable)</i> <i>For equivalents, please attach relevant documentation</i>	CLAST DATE	CLAST READING	CLAST MATH	CLAST ENGLISH	CLAST TOTAL	
<b>Current GPA and Hours Completed:</b> <i>(refer to unofficial transcript)</i>	OVERALL			IN THE UNDERGRAD MAJOR		
	GPA (3.33 minimum)	Hours		GPA (3.50 minimum)	Hours (15 hours minimum)	
<b>Total hours required to complete and anticipated completion dates:</b>	Bachelor's Degree: Total Hours		Bachelor's Degree: Completion Date		Master's Degree: Completion Date	

Instructions: Once the final signatures are obtained please forward to the Graduate School Admissions Office, ALN226.

- Approve  Disapprove \_\_\_\_\_  
Undergraduate Faculty Advisor / Designee's Signature Date
- Approve  Disapprove \_\_\_\_\_  
Graduate Faculty Advisor / Designee's Signature Date
- Approve  Disapprove \_\_\_\_\_  
Graduate Program Coordinator / Designee's Signature Date
- Approve  Disapprove \_\_\_\_\_  
College Graduate Associate Dean / Designee's Signature Date

### GRADUATE SCHOOL RECOMMENDATION

- Approve  Disapprove \_\_\_\_\_  
Graduate School / Designee's Signature Date

### REGISTRAR'S OFFICE

Instructions: Please update the General Student Record and the Attribute Record.

Processed By: \_\_\_\_\_ Processed Date: \_\_\_\_\_  
Office Personnel's Signature

Revised: March 2012  
Scan to: ADM app 0