



Accelerated Program Progression: Graduate Admission

GRADUATE ADMISSIONS

4202 East Fowler Avenue, SVC1036, Tampa, FL 33620
 TEL: (813) 974-8800 FAX: (813) 974-7343
<http://usfweb2.usf.edu/admissions/>

International Student
<input type="checkbox"/> YES <input type="checkbox"/> NO

STUDENT AGREEMENT

Student should initial, indicating agreement:

- I have met with my graduate academic advisor/Major Professor regarding graduate program requirements.
 I have applied for my bachelor's degree graduation this semester. <http://www.usf.edu/registrar/resources/graduation.aspx>
 I am aware that this change to graduate-student status may have implications on my financial aid. **Signature of Financial Aid Officer:** _____

STUDENT INFORMATION

<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>	<i>USF ID</i>
<i>Street Address/Apartment Number</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Email Address</i>	<i>Telephone Number (incl. area code)</i>		<i>Fax Number (incl. area code)</i>
X <i>Student's Signature</i>	<i>Date</i>		

SUPPORTING DOCUMENTATION

- The Program certifies that the student has completed all of the requirements for the Bachelor's Degree.

Signature of Certifying Officer: _____

The following checklist of supporting documentation must be attached:

- Current unofficial USF Transcript, please place a check mark (✓) in front of courses shared between the two degrees.

COLLEGE / DEPARTMENT RECOMMENDATION

Graduate Program Term of Entry:						
Graduate Program Code:	COLLEGE CODE	DEGREE CODE	MAJOR CODE	DEPARTMENT CODE	CONCENTRATION CODE (if applicable)	ATTRIBUTE CODE
						FIVE
GRE Information: <i>For equivalents, please attach relevant documentation</i>	GRE DATE	GRE VERBAL	GRE QUANTITATIVE	GRE ANALYTICAL WRITING		
Justification if No GRE Test Score:						
Current GPA and Hours Completed: <i>(refer to unofficial transcript)</i>	Graduate Major			Undergraduate Major		
	GPA (3.33 minimum)	Hours	GPA (3.50 minimum)	Hours (15 hours minimum)		
Total hours required to complete and anticipated completion dates:	Master's Degree: Total Hours		Master's Degree: Completion Date			

Instructions: Once the final signatures are obtained, please forward to the Graduate Admissions office, SVC1036.

- 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 ADMISSIONS DECISION

- Approve Disapprove _____
Graduate Admissions / 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