

ACCELERATED BACHELOR'S TO MASTER'S DEGREE PROGRAM ENROLLMENT REQUEST

Instructions: Undergraduate students who wish to pursue one of the accelerated bachelor's to master's degree programs listed below must complete all information on this form and submit to their current major department chairperson. **In addition, please include a letter containing a goal statement explaining your interest in the program. Programs may have additional requirements.**

Student Name: _____

Phone: _____

Current Plan of Study: _____

Cumulative GPA: _____

Total Earned Credits: _____

Please select the accelerated bachelor's to master's degree program you wish to pursue.

- ☐ Accelerated B.S. Biology – Ecology and Conservation Concentration to M.S. Biology (Thesis Option)
- ☐ Accelerated B.S. Biology – Integrative Biology Concentration to M.S. Biology (Thesis Option)
- ☐ Accelerated B.S. Computer Science to M.S. Computer Science
- ☐ Accelerated B.S. Criminal Justice to M.S. Criminal Justice
- ☐ Accelerated B.S. Criminal Justice – Philadelphia Campus to M.S. Criminal Justice – Philadelphia Campus
- ☐ Accelerated B.A. Geography to M.S. Geography
- ☐ Accelerated B.S. Geoscience – Earth Systems Concentration to M.S. Geoscience
- ☐ Accelerated B.S. Geoscience – Geology Concentration to M.S. Geoscience
- ☐ Accelerated B.S. Health Science – Sports Medicine Studies Concentration to M.S. Athletic Training
- ☐ Accelerated B.A. Mathematics to M.A. Mathematics
- ☐ Accelerated B.S. Mathematics – Applied & Computational Mathematics Concentration to M.S. Applied & Computational Mathematics
- ☐ Accelerated B.S. Mathematics – Mathematics Concentration to M.A. Mathematics
- ☐ Accelerated B.S. Mathematics – Statistics Concentration to M.S. Applied Statistics
- ☐ Accelerated B.S. Nutrition – Dietetics Concentration to M.S. Community Nutrition
- ☐ Accelerated B.A. Philosophy to M.A. Philosophy
- ☐ Accelerated B.S. Urban and Environmental Planning to M.S. Geography
- ☐ Accelerated B.S. Urban and Environmental Planning to Master of Urban and Regional Planning

Student's signature: _____

Date: _____

Current Major Department Chairperson: _____

Date: _____

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Processed by: _____ **Date:** _____



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25 University Avenue, West Chester, PA 19383
Ph: 610-436-3541
Fx: 610-436-2370
www.wcupa.edu/registrar
registrar@wcupa.edu

WCU ID#

Required

Accelerated Program Coordinator: _____ **Date:** _____

Please identify the student's new undergraduate advisor (name & ID): _____

Corresponding Graduate Program Coordinator: _____ **Date:** _____

☐ Accept (Prov/Cond)

☐ Deny

Additional Comments:

Dean of The Graduate School (or designee): _____ **Date:** _____

☐ Accept (Prov/Cond)

☐ Deny

Office Use Only

Processed by: _____ **Date:** _____