

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

Instructions: Undergraduate students who wish to remove themselves from an accelerated program and declare a new undergraduate plan of study must complete this form. Please complete all information on the form and obtain the required signatures. Once complete, return to the Registrar's Office for processing.

Student Name: _____ **Phone:** _____

Please select the accelerated program you are currently pursuing.

--

Please confirm that you wish to remove yourself from the accelerated program selected above.

(Please initial) Yes _____

Desired Major: _____ **Plan Code:** _____

Student's Signature: _____ **Date:** _____

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

Chairperson of Desired Major: _____ **Date:** _____

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

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

Office Use Only

Processed by: _____ Date: _____