COLLEGE of CHARLESTON
GRADUATE SCHOOL
UNIVERSITY OF CHARLESTON, S.C.
1770

APPLICATION FOR ACCELERATED BACHELOR'S & MASTER'S PROGRAM

1. _____ _____ _____
   CWID   Graduate Degree Program   Current Term

2. _____ _____ _____
   Last Name   First Name   Middle Name

3. _____ _____ - _____ - _____
   College of Charleston Email   Phone Number

4. _____ _____
   Undergraduate Major   First Term of Accelerated Program

5. _____ _____ _____
   Total Earned Undergraduate Credits (90 min.)   Cumulative GPA (3.2 min.)   Major GPA (if required)

6. Graduate Program Director Checklist

   ☐ Student has met with Director of Graduate Program of interest prior to completing this application/submitting for signature

   ☐ Student has fulfilled pre-requisite course requirements if applicable

   ☐ Student has submitted any additional required items for acceptance (letters of support, goal statements, completed interviews, etc.)

Student: by signing, I acknowledge that I must earn a total of 150 credit hours from the College of Charleston and cannot normally enroll in more than two graduate courses during a semester.

_____ _____
Student Signature   Date

_____ _____
Undergraduate Academic Advisor Signature   PRINTED LAST NAME   Date

_____ _____
Undergraduate Major Department Chair Signature   PRINTED LAST NAME   Date

_____ _____
Graduate Program Director Signature   PRINTED LAST NAME   Date

_____ _____
Graduate School Dean Signature   Date

Form should be submitted to Robyn Olejniczak (olejniczakrl@cofc.edu) prior to Graduate School Dean signature

GSO & REGISTRAR STAFF ONLY

GSO Processed by:_____ Date:_____
Registrar Processed by: _____ Date:_____

\\Drayton\Data\Graduate Office\Forms

GRADUATE SCHOOL & REGISTRAR USE ONLY – UPON GRADUATION FROM BACHELOR'S DEGREE

1. _____   _____
   CWID   Graduate Degree Program

2. _____   _____
   Term Student Accepted into Accelerated Program   Term Student Earned Bachelor's degree

3. _____   _____
   Cumulative GPA When Accepted (3.2 min.)   Cumulative GPA Upon Graduation (3.0 min.)

4. _____   _____
   Earned Undergraduate Credits When Accepted   Earned Undergraduate Credits Upon Graduation

5. _____   _____
   Total Credits Double-Counted (12 max.)   Total Institutional Credits Completed (150 min.)

TERM COURSE TAKEN	GRADUATE COURSE NUMBER AND TITLE	UNDERGRADUATE COURSE OR REQUIREMENT REPLACED