



**STUDENT AGREEMENT**

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:   X

**STUDENT INFORMATION**

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

**SUPPORTING DOCUMENTATION**

The following checklist of supporting documentation must be attached:

- Program of study, by semester, of requirements to complete the Accelerated Program, incl. shared undergraduate/graduate courses and anticipated date of bachelor's conferral
- Current unofficial USF Transcript

**COLLEGE / DEPARTMENT RECOMMENDATION**

Effective Term of Entry:						NOTE: Effective term of entry reflects entry into the Accelerated Program and not the semester that the student progresses to Graduate Standing
Undergraduate Program Code:	COLLEGE CODE	DEGREE CODE	MAJOR CODE	DEPARTMENT CODE	CONCENTRATION CODE (if applicable)	
Accelerated Graduate Program Code: <i>(refer to the Accelerated Graduate Program List)</i>	COLLEGE CODE	DEGREE CODE	MAJOR CODE	DEPARTMENT CODE	CONCENTRATION CODE (if applicable)	ATTRIBUTE CODE
						<b>FIVE</b>
Current GPA and Hours Completed: <i>(refer to unofficial transcript)</i>	OVERALL			IN THE UNDERGRAD MAJOR		
	GPA (3.33 minimum)		Hours	GPA (3.50 minimum)		Hours (15 hours minimum)
Total hours required to complete and anticipated completion dates:	Bachelor's Degree: Total Hours		Bachelor's Degree: Completion Date	Master's Degree: Total Hours		Master's Degree: Completion Date

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

<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Undergraduate Faculty Advisor/Designee's Name	Signature	Date
<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Graduate Faculty Advisor/Designee's Name	Signature	Date
<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Graduate Program Coordinator/Designee's Name	Signature	Date
<input type="checkbox"/> Approve <input type="checkbox"/> Deny	College Graduate Associate Dean/Designee's Name	Signature	Date

**OFFICE OF GRADUATE STUDIES RECOMMENDATION**

<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Office of Graduate Studies Assistant Dean/Designee's Name	Signature	Date
--	---	-----------	------

**REGISTRAR'S OFFICE**

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

Processed by:	Office Personnel's Signature	Processed Date
---------------	------------------------------	----------------



# 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/>

<b>International Student</b>
<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>
<b>X</b> <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

<b>Graduate Program Term of Entry:</b>						
<b>Graduate Program Code:</b>	COLLEGE CODE	DEGREE CODE	MAJOR CODE	DEPARTMENT CODE	CONCENTRATION CODE (if applicable)	ATTRIBUTE CODE
						<b>FIVE</b>
<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>Current GPA and Hours Completed:</b> <i>(refer to unofficial transcript)</i>	Graduate Major			Undergraduate 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>	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

Revised: December 2014