

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

*Instructions:* Undergraduate students who wish to pursue one of the accelerated bachelor 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 to master's degree program you wish to pursue.*

- Accelerated B.S. Biology – Integrative Biology Concentration to M.S. Biology (Thesis Option)
- 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.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 and Dietetics to M.S. Community Nutrition

**Student's signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**Current Major Department Chairperson:** \_\_\_\_\_

Date: \_\_\_\_\_

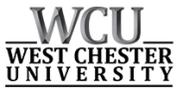
**Accelerated Program Coordinator:** \_\_\_\_\_

Date: \_\_\_\_\_

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

**Office Use Only**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_



**Office of the University Registrar**  
 25 University Avenue, West Chester, PA 19383  
 Ph: 610-436-3541  
 Fx: 610-436-2370  
[www.wcupa.edu/registrar](http://www.wcupa.edu/registrar)  
[registrar@wcupa.edu](mailto:registrar@wcupa.edu)

WCU ID#

***Required***

**Corresponding Graduate Program Coordinator:** \_\_\_\_\_ Date: \_\_\_\_\_

Accept (Prov/Cond)

Deny

Additional Comments:

**Dean of Graduate Studies (or designee):** \_\_\_\_\_ Date: \_\_\_\_\_

Accept (Prov/Cond)

Deny

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Processed by: \_\_\_\_\_ Date: \_\_\_\_\_