



AUBURN UNIVERSITY

Graduate School

Accelerated Bachelor's / Master's Degree Program Application

Student Information

Student ID Number _____ Last Name _____ First Name _____ Middle Name _____

Email Address _____ Phone number _____

Cumulative Undergraduate Credits: _____ Overall GPA: _____ Honors College: [] Yes [] No
 (Minimum: 45; at least 24 at AU) (Minimum 3.40)

Undergraduate Program

Major _____

College _____

Degree _____ Expected Completion Date _____

Graduate Program

Major _____

College _____

Degree _____ Expected Completion Date _____

Graduate Courses Approved for Dual Credit in Undergraduate & Graduate Programs

Course CRN #	Grad course (prefix & #)	Graduate Course Title	Hrs	Lab	Term & Year	In lieu of undergrad course (prefix & number)
				[] Yes		
				[] Yes		
				[] Yes		

Approvals

Student: _____ Date: _____

Undergraduate Advisor (signature): _____ Date: _____

Undergraduate Advisor (print): _____

Graduate Coordinator (signature): _____ Date: _____

Graduate Coordinator (print): _____

Undergraduate Dean (signature): _____ Date: _____

Undergraduate Dean (print): _____

Graduate School: _____ Date: _____