

AUBURN UNIVERSITY

Graduate School

Accelerated Bachelor's / Master's Degree Program Application

Student Information

Student ID Number		Last Name	First Name		Middle Name		
Email Addre	ess	-	Phone number				
Cumulative (Minimum: 4	e Undergraduat 45. Maximum: 96	e Credits: 6. At least 24 at AU) (Minimi	Overall GPA:		Honors College: [] Yes [] No		
Undergr	aduate Prog	gram	G	raduate F	Program		
Major			M	ajor		· · · · · · · · · · · · · · · · · · ·	
College			Co	ollege			
Degree		Expected Completion Date	Degree		Expected Completion Date		
Graduat	e Courses A	Approved for Dual Cred	it in Unde	rgraduat	e & Graduate	Programs	
Course CRN#	Grad course (prefix & #)	Graduate Course Title	Hrs	Lab	Term & Year	In lieu of undergrad course (prefix & number)	
				[]Yes			
				[]Yes			
				[]Yes			
Approva	als						
Student: _			Date:				
Undergrad	luate Advisor (s	signature):	Date:				
Undergrad	luate Advisor (բ	orint):					
Graduate (Coordinator (si	gnature):			Date:		
Graduate (Coordinator (pr	int):					
Undergrad	luate Dean (sig	nature):			Date:		
Undergrad	luate Dean (pri	nt):					
Graduate	School:				Date:		