

This form is designed to initiate entrance into the BArch/MIP program and to identify courses to be taken by the undergraduate student. It is to be completed by the BArch Advisor and MIP Program Director and must be returned to the Office of Graduate Studies, Fenster Hall, Suite 140 for processing.

Note: This does not constitute acceptance to the MIP program.

Name _____		Date _____	
Last	First		
Current Semester:	<input type="checkbox"/> Fall 20__	<input type="checkbox"/> Spring 20__	<input type="checkbox"/> Summer 20__
ID# _____	E-mail _____		
Credits Earned _____	Current Cumulative GPA _____	Cohort	<input type="checkbox"/> Junior <input type="checkbox"/> Senior
Expected BArch Date of Completion:	<input type="checkbox"/> August 20__	<input type="checkbox"/> January 20__	<input type="checkbox"/> May 20__

FOR BArch ADVISOR TO COMPLETE

Please indicate four graduate courses to be taken to complete the BArch degree that are also appropriate for the MIP degree.

- (1) _____ in place of _____
- (2) _____ in place of _____
- (3) _____ in place of _____
- (4) _____ in place of _____

BArch Advisor's Name (please print) _____

BArch Advisor's Signature _____ Date _____

Telephone # _____ E-mail _____

Remarks _____

FOR MIP PROGRAM DIRECTOR TO COMPLETE

Please indicate by signing if you concur with the four graduate courses for the MIP degree program and if the student is accepted into the BArch/MIP program: **Accepted** **Not Accepted**

GRE required for MIP applicant: Yes (Recommended **before** BArch graduation)
 No

MIP Program Director's Name (please print) _____

MIP Program Director's Signature _____ Date _____

Remarks _____

FOR GRADUATE STUDIES OFFICE USE ONLY

Graduate Studies: _____
Name
Signature
Date

BArch Completion: August 20__ January 20__ May 20__ Final Cumulative GPA: _____

Actual Graduate Program: _____

MIP Completion: August 20__ January 20__ May 20__ Final Cumulative GPA: _____