

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 _____ | |
| 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: | _____ | Final Cumulative GPA: _____ | |
| | Month / Year | | |
| Academic Status: | _____ | | |