

This form is designed to initiate entrance into the BS/Ph.D. program and to identify courses to be taken by the undergraduate student. It is to be completed by the Undergraduate Advisor and Doctoral 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 doctoral degree program.

Name _____		Date _____	
Semester: <input type="checkbox"/> Fall 20 ____ <input type="checkbox"/> Spring 20 ____ <input type="checkbox"/> Summer 20 ____			
ID# _____		E-mail _____	
Ph. D. Program: _____			
Undergraduate Major: _____		Credits Earned: _____	
Current Cumulative GPA: _____		Cohort: <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
Expected BS Date of Completion: <input type="checkbox"/> August 20 ____ <input type="checkbox"/> January 20 ____ <input type="checkbox"/> May 20 ____			

FOR UNDERGRADUATE ADVISOR TO COMPLETE

Please indicate four graduate courses to be taken to complete the undergraduate degree that are also appropriate for the future doctoral degree.

(1) _____ in place of _____

(2) _____ in place of _____

(3) _____ in place of _____

(4) _____ in place of _____

Undergraduate Advisor's Name (please print) _____

Undergraduate Advisor's Signature _____ Date _____

Telephone # _____ E-mail _____

Remarks _____

FOR DOCTORAL PROGRAM DIRECTOR TO COMPLETE

Please indicate by signing if you concur with the four graduate courses for a future doctoral degree program and if the student is accepted into the BS/Ph.D. program: **Accepted** **Not Accepted**

GRE is required for Ph.D. applicant. (Recommended before BS graduation)

Doctoral Program Director's Name (please print) _____

Doctoral Program Director's Signature _____ Date _____

Remarks _____

FOR GRADUATE STUDIES OFFICE USE ONLY

Graduate Studies:	_____	Name	Signature	Date
BS Completion:	_____	Month / Year	Final Cumulative GPA	_____
PhD Program:	_____		Academic Status	_____