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 _____ Telephone _____

Local Mailing Address _____

Cumulative Undergraduate Credits: _____ **Overall GPA:** _____ **Honors College:** Yes No
(Minimum: 45. At least 24 at AU) (Minimum 3.4)

Undergraduate Program

Major _____

College _____

Degree _____ Expected Completion Date _____

Graduate Program

Major _____

College _____

Degree _____ Expected Completion Date _____

Graduate Courses Approved for Dual Credit in Undergraduate and Graduate Programs

Course Registration Number (CRN)	Graduate Course (prefix & number)	Graduate Course Title	Hrs	Lab	Term & Year	In Lieu of Which Undergraduate Course (prefix & number)
				☐ Yes		
				☐ Yes		
				☐ Yes		

Approvals

Student: _____ Date: _____

Undergraduate Advisor (signature): _____ Date: _____

Undergraduate Advisor (print): _____

Graduate Coordinator (signature): _____ Date: _____

Graduate Coordinator (print): _____

Graduate School: _____ Date: _____

Return signed form to: The Graduate School, 106 Hargis Hall, Auburn University, AL 36849-5122