

Accelerated Master's Program (AMP) Application Form

- 1.** To be completed by the student and submitted to the coordinator of the requested graduate program

Student's Name	ID	Mobile No.
Requested master's degree program	Semester expected to enroll in AMP course(s)	
Present undergraduate degree program	Semester expected to complete undergraduate degree requirements	
Current CGPA	Number of earned hours	
Are you planning to join the master's program after completing your undergraduate degree?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		
Student's Signature	Date	

- 2.** Approval of the graduate program coordinator

Name	Signature (Date)
Comments and other requirements:	

- 3.** Approval of the associate dean of the college/school housing the requested graduate program

Name	Signature (Date)
------	------------------

The completed form must be submitted to the Office of the Registrar no later than the end of the add/drop period of the semester where the student intends to register for the graduate-level courses. Forms received after the add/drop period will be effective as of the following semester/term.

Office of Registrar's Signature	Date
---------------------------------	------