

The Graduate School – Louisiana State University Application for the Accelerated Master's Degree Program

Date _____

Student's Name _____ LSU ID# _____

Undergraduate Major _____ Proposed Graduate Major _____

Current Classification _____ Total Undergrad. Hrs. at LSU _____ GPA _____
(College/Year/Curriculum)

Total Undergraduate Hours Elsewhere _____ / _____ / _____
(University) (No. Hours) (GPA)

Proposed Effective Date for This Application _____ Semester, 20____

COURSE(S) TO BE TAKEN FOR GRADUATE CREDIT WHILE ENROLLED AS AN UNDERGRADUATE

(Courses **may not** be applied toward the undergraduate degree)

<u>SUBJECT</u>	<u>COURSE NUMBER</u>	<u>HOURS OF CREDIT</u>	<u>INSTRUCTOR</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADVISORY COMMITTEE (minimum of 3 required)

	Signatures	Typed Names
Major Professor	_____	_____
	_____	_____
	_____	_____

APPROVED:

(Signature of Chair of Graduate Advisor of Department in which Student is Enrolled) Date

(Signature of Graduate Dean) Date

(Signature of Chair of Graduate Advisor of Department in which Student will Enroll as a Graduate Student) Date

**This form must be submitted to the Graduate School no later than the last day to add courses for the semester in which graduate credit is requested.