



## **Combined/Accelerated Degree Program Declaration Form**

This form should be used by DSU undergraduate students seeking approval to apply to a combined/accelerated degree program. Students must have a minimum of 60 undergraduate credits completed and a minimum cumulative GPA of 3.0.

A Program of Study, signed by the applicant, the Chair, and Director of Graduate Studies must be submitted. The Program of Study must clearly indicate:

- The courses (a maximum of 12 graduate credits) that will be double counted for both bachelor's and master's degrees. These courses will be taken prior to completing the bachelor's degree.
- The courses that will be taken after being accepted into the graduate program. These courses will be taken after completing the bachelor's degree.
- The graduate date for the master's degree that meets the time limit for the ABM program.

After review of the materials submitted by the Department Chair, a letter of acceptance (or denial) to the master's program, contingent upon meeting the ABM requirements is issued. Application accepted for admission to the Graduate Program will not be matriculated until completion of the bachelor's degree.

Student will register for all undergraduate credits in Campus Connection. Indicate below the graduate courses that will be completed and courses to be substituted for undergraduate degree. Academic Records will enroll the student in graduate level courses. Upon completion of the bachelor's degree and matriculation into the graduate program, the courses will be transferred onto the graduate record.

**Questions about this form,** contact the Director of Graduate Studies at Klinefelter Hall 204, 701-483-2178, or <u>joan.aus@dickinsonstate.edu</u>
An asterisk [\*] denotes a required field.

STUDENT INFORMATION	dired field.					
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* Student Name						
* Student ID		* Email	Address			
*Undergraduate Major						
* Anticipated Term of Underg	raduate Graduation (	O Fall	Spring O	Summer	* Year	
* Proposed Combined/Acceler	rated Master's Degree Pro	ogram				
* Faculty Advisor Email		* Confirm Email				
* Department Chair Email	* Confirm Email					
COURSE SUBSITUTIONS						
* GRADUATE COURSE BEII	NG TAKEN		*UNDERGR	ADUATE COURS	E BEING SUBSTITUTE	O (12 credits MAX)
Subject Number	Course Title	Credits	Subject	Number	Course Title	Credits
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		<b></b>		L L		
SIGNATURES				* 5 .		
* Student				* Date		
* Advisor			O No	* Date		
Department Chair Approval: OYes O No *Dept Chair				* Date		
Graduate Director Approva Signature	I: O Yes O No			* Date		