JOINT BS/MS DEGREE PROGRAM AUDIT FORM

Section A (for student to complete and bring to advisor):

Student Name: _______________________________ Z#: _______________________

Email: ________________________ Phone No.: ________________________

Starting Date at FAU: _______ Undergraduate Advisor: ______________________ GPA (Overall): ______

Anticipated date for starting the Master’s Degree Program (The First Semester AFTER completion of your Bachelor’s Degree): __________________________

Anticipated Major for the Master’s Degree Program: CSC___/COEN___/EEL___/ARIN___/BMEG___/DSA___/ITM-AIT___/ITM-CSDA___

Have you completed your On-Line Application for the Master’s Degree Program? Yes ______ No ______

List any 5000 or 6000 level courses that you plan to take during your undergraduate degree 12 credits

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section B (for departmental use only):

Please check that student meets the following criteria:

_____ Cumulative GPA of 3.25 or higher

_____ Completed at least 90 credits

_____ Continuous enrollment from BS to MS

____________________________________  Date

Undergraduate Advisor

____________________________________  Date

Graduate Coordinator

Please provide completed and signed copy to Jean Mangiaracina - email to eecs@fau.edu.