



Combined Program: Graduate Admission

GRADUATE COLLEGE
777 Glades Road, SU 80, Rm 101
Boca Raton, FL 33431-0991
(561) 297- 3624 FAX: (561) 297-1212
<http://fau.edu/graduate/>

International Student

YES NO

I. STUDENT AGREEMENT

Student should initial, indicating agreement:

___ I have met with my graduate academic advisor/Major Professor regarding graduate program requirements.

___ I am aware that this change to graduate-student status may have implications on my financial aid.

Signature of Financial Aid Officer: _____

Date: _____

II. STUDENT INFORMATION

<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>	<i>Z#</i>
<i>Street Address/Apartment Number</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Email Address</i>	<i>Telephone Number (incl. area code)</i>		
X	_____		_____
<i>Student's Signature</i>			<i>Date</i>

III. COLLEGE / DEPARTMENT RECOMMENDATION

Graduate Program Term of Entry:				
Graduate Program Code:	COLLEGE CODE	DEGREE CODE	MAJOR CODE	
	DEPARTMENT CODE	CONCENTRATION CODE (if applicable)	ATTRIBUTE CODE	
GRE Information:	GRE DATE	GRE VERBAL	GRE QUANTITATIVE	GRE ANALYTICAL WRITING
Justification if No GRE Test Score:				
Current GPA and Total Hours Completed: <i>(refer to BANNER record)</i>	Undergraduate Major			
	GPA (3.0 minimum)		Credit Hours	
Total hours required to complete and anticipated completion date:	Credit Hours		Bachelor's Degree Completion Date	

Combined Program: Graduate Admission Graduate Courses Approved to be taken at the Undergraduate level

IV. STUDENT INFORMATION

Last Name

First Name

M.I.

Z#

V. APPROVED COURSES

List the graduate level courses (5000 and above) that apply towards the student's current FAU undergraduate primary degree program:

Graduate Courses			Satisfies a Requirement for Current Degree Program?	Indicate Degree Requirement Satisfied
Course Number	Course Title	Credit Hours		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total:				

Instructions: Once the final signatures are obtained, please forward to the Graduate College.

Approve Disapprove _____
Undergraduate Advisor / Designee's Name and Signature Date

Approve Disapprove _____
Graduate Advisor / Designee's Name and Signature Date

Approve Disapprove _____
Graduate Program Coordinator / Designee's Name and Signature Date

Approve Disapprove _____
College Associate Dean / Designee's Name and Signature Date

VI. GRADUATE ADMISSIONS

SAAADMS Processed by: _____
Graduate Admissions / Designee's Signature

Processed Date: _____
Date

SGASTDN Processed by: _____
Graduate Admissions / Designee's Signature

Processed Date: _____
Date

Section I & II & IV – Student
 Section III & V – Undergraduate and graduate departmental staff
 Section VI – Graduate College - Admission