

College of Arts and Sciences Graduate Education

**Petition by an Undergraduate Student to Enroll  
in an Accelerated Bachelor/Master (ABM) Program**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Banner ID: \_\_\_\_\_

Email Address: \_\_\_\_\_ Local Phone No. \_\_\_\_\_

ABM Department: \_\_\_\_\_ Cum. GPA \_\_\_\_\_/4.00 (3.3 minimum)

Total credit hours earned to date: \_\_\_\_\_ Projected credit hours by end of current semester: \_\_\_\_\_

Begin of graduate-level courses: \_\_\_\_\_

Graduate courses to be taken during senior year (maximum of six hours, also indicate semester):

\_\_\_\_\_  
\_\_\_\_\_

Graduate coursework to be taken during the fifth year:

Summer before:

\_\_\_\_\_  
\_\_\_\_\_

Fall Semester:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spring Semester

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summer after

\_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chairperson's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Associate Dean for Undergraduate Affairs:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Associate Dean for Graduate Affairs:

\_\_\_\_\_ Date: \_\_\_\_\_

If this petition is denied at any stage, state reason:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

This petition is to be accompanied by a one-page statement of purpose.

Specific ABM programs may require additional supporting documents.

If this petition is approved, it will serve as the admission application. The student will be admitted conditionally pending conferral of the Bachelor's degree.

Copies to  ABM Department  Advisor  Associate Dean for Undergraduate Affairs  Associate Dean for Graduate Affairs