MISSISSIPPI STATE UNIVERSITY - OFFICE OF THE GRADUATE SCHOOL

UNDERGRADUATE ENROLLMENT IN ACCELERATED PROGRAM

(Bachelor's/Master's combined degree program)

Name: _____ **MSU ID:** _____ **Net ID:** _____
Last *First* *Middle*

Undergraduate Major: _____ **Graduate Major:** _____

Cumulative GPA: _____ **Hours Completed toward Bachelor's Degree:** _____ **Hours Currently Enrolled:** _____

Semester Requesting Enrollment: **Fall** (●) **Spring** ( ) **Summer** ( ) **Year** _____

Enrollment Requested for the following graduate course(s):

Course Prefix & Number	CRN Code	Section	Course Title
Graduate:			
Corresponding Undergraduate:			
Graduate:			
Corresponding Undergraduate:			
Graduate:			
Corresponding Undergraduate:			

Typed/Printed Name: **Approval Signatures:**

Student _____ Date _____

Donna S. Reese

Undergraduate Coordinator/Advisor _____ Date _____

T.J. Jankun-Kelly

Graduate Coordinator _____ Date _____

Donna S. Reese

Department Head _____ Date _____

Kari Reeves

College Dean _____ Date _____

- **After all applicable approval signatures are obtained, this form must be submitted for review by the Dean of the Graduate School.**
- **The student will be informed by email when the form has been approved and he/she can register for the graduate course.**
- **The form will be forwarded to the Registrar for award of undergraduate credit upon successful completion of the graduate course.**