



**Student Information**

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
UW ID #: \_\_\_\_\_ Email: \_\_\_\_\_

**Current Program Information**

Current Program: \_\_\_\_\_ Current Term (e.g. 3B): \_\_\_\_\_  
CGPA: \_\_\_\_\_ Expected BAsC Completion (mm/yy): \_\_\_\_\_

**Accelerated Master's Academic Plan**

Admitting Department: \_\_\_\_\_  
Start term of Master's: \_\_\_\_\_  
Program/specialization: \_\_\_\_\_

Courses to be taken for transfer to the accelerated master's program (max. two 0.5 weight)

Course Number	Course Title	Term

**Signatures**

Student: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_  
Associate Chair, Graduate Dept: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_  
Associate Dean, Faculty: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_