The Graduate School Stony Brook University Stony Brook, NY 11794-4433

Application Form to Graduate School for the Accelerated Bachelors/Masters Degree

Please Type or Print carefully with a Black Ball Point Pen

This application is for students who already have departmental acceptance into an Accelerated Bachelors/Masters Degree Program and have taken at least six Graduate Credits. Others should contact the accelerated degree program they are interested in directly.

DEADLINE: Please submit completed application form to your Graduate Program <u>no later than</u> the last day of classes for the Spring semester for Summer/Fall admission and the last day of classes for the Fall semester for Spring admission.

POLICY: All students in Accelerated Bachelors/Masters Degree programs must earn 80% of the credits required for a Graduate degree in their respective program of study <u>during their Graduate Career</u> (i.e., if the Masters degree requires 30 credits, the student must acquire at least 24 credits as a Graduate Student). Once students begin their graduate career, they are subject to both Graduate Tuition & Fees and Graduate School regulations, they are allowed to live in Graduate Housing, and they may no longer be eligible for Undergraduate Financial Aid (go to the Financial Aid office for more information on this). Students must have a cumulative GPA of 3.0 or above to be admitted to the Graduate School.

Academic Information – Answer all questions fully		
Accelerated Degree Program (BS/MS, etc.)	Circle One Sequential Combined	Entrance into Graduate School (Circle one) Fall Spring Summer 20
Student I.D. # (not Social Security #) Last Name	(Current Name on SB Records)	<u>First</u> Name <u>Middle</u> Name or Initi
Birth date (MM/DD/YY)/ Ethnic Code		
What is your First/Native Language? Have you taken an English Proficiency Test? If yes, indicate type, score and date. Date Yes No (circle) TOEFL TSE SPEAK IELTS Score		
Do you have a degree from another University? If yes, indicate the School, Degree earned and Date conferred (a transcript must be attached): Yes No		
Are you a U.S. citizen?		
	SBU Graduate Courses already taken (CHE !	500, etc.): Total # of grad. credits earned:
Contact Information and Local Address		
NUMBER & STREET E-MAIL ADDRESS		
CITY STATE		
COUNTRY ZIP CODE		
I hereby certify that the information I have submitted is complete and accurate, and that I have read and understand the policies at the top of this form regarding the number of credits I am required to earn in order to graduate with a Masters degree.		
Signature of Student		Date:
To Be Completed by the Graduate Program Director: This student has been informed that he/she will be required to earn graduate credits* during his/her Graduate Career in order to Graduate with a Masters degree. *[This number is required for this form to be processed by the Graduate School] Department Approval (Graduate Program Director or Chair) Date:		
For Graduate School Use Only:		
Approved Denied or Incomplete Reason		