

**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

Undergraduate Coordinator/Advisor

Date

Graduate Coordinator

Date

Department Head

Date

College Dean

Date

- 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.