



Academic Advising
950 Main Street
Worcester, MA 01610-1477
508-793-7468 Phone
508-421-3700 Fax
www.clarku.edu

APPLICATION TO THE ACCELERATED BA/MASTER'S DEGREE PROGRAM: PART 1
MASTER OF ARTS IN BIOLOGY

PLEASE TYPE OR PRINT

This form must be completed **in your junior year** and submitted to Academic Advising along with a copy of your unofficial transcript before **April 1**, complete with your signature and the signature of Program Advisor of the proposed graduate program. **No change in program will be allowed after April 1 of your junior year.**

Before **October 15** of your senior year (or **April 15** of your junior year for MBA or MSF), you must complete a formal application for admission as a graduate student into the program stated above.

Student Name: _____

Home Address: _____
(MAIL SENT OUT DURING THE SUMMER WILL BE SENT TO THE ADDRESS ABOVE)

Campus Box #: _____ Phone #: _____

Student ID Number: _____

Semester and Year you entered Clark: _____

Are you a transfer student (circle one)? Y / N

Undergraduate Major(s): _____

Expected date of completion of BA: _____
(SEMESTER) (YEAR)

REQUIRED SIGNATURES:

I have read and understand the policies for participation and acceptance into the Accelerated Degree Program.

Signed: (Applicant) _____ Date: _____

I have met with this student and advised him/her of the requirements of the above graduate program.

Signed: (Program Advisor) _____ Date: _____

FOR ACADEMIC ADVISING USE ONLY

The following signature indicates that your application into the Accelerated Degree Program has been approved. Acceptance is conditional on maintenance of minimum requirements for the program.

Signed: (Associate Dean of the College) _____ Date: _____

Please submit this form to the Academic Advising office after you acquire the signature of the Program Advisor.