



THE GRADUATE SCHOOL
CLEMSON UNIVERSITY

GS6BS/MS - REQUEST FOR COMBINED BACHELOR'S/MASTER'S EDUCATION PLAN

A. APPLICANT:

Name: _____
(Please print) (Last) (First) (Middle or Maiden)

Local Mailing Address: _____
(Street/P.O. Box)

(City) (State) (Zip)

CUID Number: _____ SSN: _____

Telephone Number: _____ Email: _____

B. QUALIFICATIONS:

Cumulative Undergraduate Credits: _____ (minimum 90 semester hours) Overall GPA: _____ (minimum 3.40)

C. UNDERGRADUATE PROGRAM:

Department: _____ Major: _____ Degree: _____ Expected date of completion: _____

D. PROPOSED MASTER'S PROGRAM:

Department: _____ Major: _____ Degree: _____

E. GRADUATE COURSES APPROVED FOR DUAL USE IN UNDERGRADUATE AND GRADUATE PROGRAMS:

Graduate Course	Lab Component?	Term	In Lieu of Which Undergraduate Course?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spring <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II <input type="checkbox"/> Fall 20__	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spring <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II <input type="checkbox"/> Fall 20__	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spring <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II <input type="checkbox"/> Fall 20__	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spring <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II <input type="checkbox"/> Fall 20__	

F. APPROVALS:

Student: _____ Date: _____

Undergraduate Advisor: _____ Date: _____

Chair of Student's Department: _____ Date: _____

Graduate Coordinator, Master's Program: _____ Date: _____

Undergraduate Dean: _____ Date: _____

Graduate School: _____ Date: _____

Return this form to:

The Graduate School
Clemson University
E-108 Martin Hall
Box 345713
Clemson, SC 29634-5713



THE GRADUATE SCHOOL
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