Accelerated and 4+1 Pathway
Enrollment Application and Approval Form

Accelerated and 4+1 Pathways candidates must:
1. Meet Pathway requirements (refer to graduate program coordinator and/or website)
2. Obtain approval from undergraduate department chair and the applicable graduate program coordinator/chair
3. Follow the desired Pathway curriculum map
4. Apply for admission to Graduate School during the senior year

First Name: ___________________ Last Name: ___________________ Middle Initial: ___________________
Banner ID: ___________________ Buffalo State Email: ___________________ Phone/Cell: ___________________
Current Undergraduate Major: _____________________________________________________________
Current Undergraduate Adviser: ___________________________________________________________
Current GPA: ______________ Term you plan to graduate from your undergraduate program: ____________

Accelerated and 4+1 Pathway to which you are applying: Please check one:
☐ Curriculum and Instruction, M.S.Ed.
☐ Data Science & Analytics Track in Multidisciplinary Studies, M.S.
☐ Early Childhood/Exceptional Education: Early Childhood Program, M.S.Ed.
☐ Great Lakes Ecosystem Science, M.S.
☐ Health and Wellness, B.S., Adult Education, M.S.
☐ Higher Education & Student Affairs Administration, M.S. (Accelerated Admission Program)
☐ Mathematics Education, M.S.Ed.
☐ Nutrition & Dietetics, B.S. and Adult Education, M.S.
☐ Professional Applied and Computational Mathematics, M.S.
☐ Public Administration in Public and Nonprofit Management, M.P.A.
☐ Literacy Specialist, M.S. Ed. (Early Admission Program)
☐ Science Education M.S.Ed.
☐ Teaching English to Speakers of Other Languages, C.A.S.

My signature indicates that I have read and agree with the above requirements. My signature also indicates my intent to remain at Buffalo State through my undergraduate and graduate studies.

_________________________ _______________________
Student’s Signature Date

To Student: Please have the department chair of your undergraduate program sign this form.

To Undergraduate department chair: Signing this form indicates that the student named herein qualifies as a candidate for the 4+1 Pathway leading to the master’s degree program checked above. Your signature also indicates your confidence in his/her success in the program. Please sign and submit this form to the appropriate Graduate Program Department Chair/Program Coordinator.
Undergraduate Department Chair (Please print name): ____________________________
Undergraduate Department Chair Signature: _________________________ Date: ____________

To Graduate Program Department Chair/Program Coordinator - After reviewing the student’s qualifications in Degree Works, please indicate your approval of the student for the 4+1 Pathway by signing this form and sending a copy to the Graduate School. Send directly to Jennifer Simson at murrayje@buffalostate.edu.
☐ Approved
☐ Denied (Please provide reason):
If pre-requisite courses are required for future admission, please list all: __________________________

Graduate Department Chair/Program Coordinator (Please print name): __________________________
Graduate Department Chair/Program Coordinator Signature: _________________________ Date: ____________

March 15, 2019