

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:

- | | |
|--|---|
| <input type="checkbox"/> Curriculum and Instruction, M.S.Ed. | <input type="checkbox"/> Mathematics Education, M.S.Ed. |
| <input type="checkbox"/> Early Childhood/Exceptional Education: Early Childhood Program, M.S.Ed. | <input type="checkbox"/> Professional Applied and Computational Mathematics, M.S. |
| <input type="checkbox"/> Dietetics and Adult Education, Adult Education, M.S. | <input type="checkbox"/> Public Administration in Public and Nonprofit Management, M.P.A. |
| <input type="checkbox"/> Health and Wellness, B.S., Adult Education, M.S. | <input type="checkbox"/> Literacy Specialist, M.S. Ed. (Early Admission Program) |
| <input type="checkbox"/> Teaching English to Speakers of Other Languages- TESOL, C.A.S. | <input type="checkbox"/> Great Lakes Ecosystem Science, M.S. |
| <input type="checkbox"/> Science Education M.S.Ed. | |

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 Murray 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: _____