College of Engineering
Combined Degree Program Approval Form - Applicant
Complete this page prior to advising appointment

Section 1: To be completed by the student
The courses listed are the courses you are proposing to take that will count toward your combined degree. This form must be completed prior to meeting with your undergraduate advisor, and no later than the end of the 10th week of the term before your planned enrollment in the combined degree program. Be sure to obtain signatures from your undergraduate advisor and graduate faculty advisor prior to submitting this form to the Graduate Coordinator of your intended program.

Last Name __________________________ First Name __________________________ MI __________

OSU email address __________________________ OSU ID Number __________________________ Phone Number __________________________

Name of Current Undergraduate Program __________________________ Name of Proposed Graduate Program __________________________

Note: Students may only be enrolled in one combined program

Do you have any undergraduate transfer credit? Yes/No

Cumulative Undergraduate CPHR (must be at least 3.5 in all previous undergraduate coursework): ________

UG credit hours completed upon enrolling in the combined degree program (must be at least 90 semester hours): ________

Expected Combined Degree Start Term and year: AU SP SU Year: ________

Expected Term and year of BS Graduation: AU SP SU Year: ________

Expected Term and Year of MS/PhD Graduation: AU SP SU Year: ________

Proposed courses to be double-counted:

<table>
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<tr>
<th>Course Number and Title</th>
<th>Term/Year</th>
<th>Hours</th>
<th>BS</th>
<th>MS</th>
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Note: Remember to schedule these courses in your undergraduate program!

Doubled –Counted Credit Hours Total (not to exceed 12 semester hours): ________

Please attach a current advising report to this form.
Student Name (printed)

_________________________________________
Student signature ____________________________ Date

Undergraduate Advisor (printed)

_________________________________________
Undergraduate Advisor signature (staff) ____________________________ Date
Note: Signature of the Undergraduate Advisor confirms the courses listed count toward the BS degree requirements.

Graduate Faculty Advisor (printed)

_________________________________________
Graduate Faculty Advisor signature (faculty) ____________________________ Date
Note: Signature of the Graduate Faculty Advisor confirms that the advisor has reviewed and approved the Combined Degree courses listed and these courses count toward MS or PhD degree requirements.

Section 2: Combined Program Approval by the Graduate Program Office

_________________________________________
Graduate Studies Committee Chair (printed)

_________________________________________
Graduate Studies Committee Chair signature (faculty) ____________________________ Date
Note: Signature of Graduate Studies Committee Chair recommends the student be admitted to the Combined Degree Program and the courses listed will count toward MS or PhD degree requirements.

☐ Copy of Graduate Application Action form is attached ____________________________ Date submitted to College:_________________

Section 3: Combined Program Approval by the College Office

_________________________________
BS/MS Coordinator, College of Engineering (printed)

_________________________________
Signature, College of Engineering ____________________________ Date

Section 4: Combined Program Approval by the Graduate School

_________________________________
Graduate School Approval (printed)

_________________________________
Signature, Graduate School ____________________________ Date