

Application
 Accelerated Bachelor's/Master's Program
 Department of Chemistry
 Middle Tennessee State University

| | | |
|--|---|------------|
| Date: | M#: | |
| First Name: | Middle Name: | Last Name: |
| Street Address: | | |
| City: | State: | Zip: |
| MTSU E-Mail: | | |
| Anticipated major research faculty advisor(s): | | |
| Telephone: | Are you a transfer student? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

For Departmental Use Only:

| | Yes | No |
|---|--------------------------|--------------------------|
| GPA 3.7 or above?: | <input type="checkbox"/> | <input type="checkbox"/> |
| Minimum 75 Hours Completed? | <input type="checkbox"/> | <input type="checkbox"/> |
| Two Semesters Full Time at MTSU (Transfers Only)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Two Full-Time Semesters Left? Admit? | <input type="checkbox"/> | <input type="checkbox"/> |

Decision Date: _____

Undergraduate Admission Term: _____

Graduate Admission Term: _____

Graduate Program Director/Advisor Signature: _____

Department Chair Signature: _____