

GRADUATE ADMISSION APPLICATION

FAST TRACK MASTER'S PROGRAM FOR COE HONORS STUDENTS

Florida Institute of Technology

This form is only appropriate for College of Engineering undergraduate honors students who are applying for the program named above; who have completed at least 95 credit hours toward their undergraduate degree; and who at the time of application have a minimum cumulative GPA of 3.4, based on more than 35 credits earned at Florida Tech.

APPLICATION DATE MONTH DAY YEAR	PROPOSED ENROLLMENT DATE SEMESTER <input type="checkbox"/> Fall (Aug.) <input type="checkbox"/> Summer (May) <input type="checkbox"/> Spring (Jan.) YEAR 20__	STUDENT ID NUMBER
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NAME _____
(Last)
(First)
(Middle)

Please print or type your name exactly the way it appears on your passport.

MAILING ADDRESS (until when? _____)	PERMANENT ADDRESS

TELEPHONE Home () _____ Business () _____	E-MAIL ADDRESS
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DATE OF BIRTH MONTH DAY YEAR	COUNTRY OF BIRTH OFFICE USE ONLY □ □ □	CITIZENSHIP OFFICE USE ONLY □ □ □	<input type="checkbox"/> U.S. CITIZEN (<i>Ethnic group – optional – used for reports to governmental and scholarship-granting agencies.</i>) <input type="checkbox"/> 1–African American <input type="checkbox"/> 4–Native American/ <input type="checkbox"/> 2–Hispanic American Eskimo <input type="checkbox"/> 3–Asian American <input type="checkbox"/> 5–White American	INTERNATIONAL <input type="checkbox"/> Permanent U.S. Resident <i>(Resident Alien Card proof required)</i> <input type="checkbox"/> 9–Foreign National
CITY AND COUNTRY OF BIRTH		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		

PROPOSED M.S. MAJOR, INCLUDING SPECIALIZATIONS	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	OFFICE USE ONLY □ □ □ □
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CURRENT UNDERGRADUATE MAJOR	UNDERGRADUATE Credit Hours Completed □ □ □	Current GPA □ . □ □ □	Major Code □ □ □ □
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I certify that the above is true to the best of my knowledge

_____ (Signature of Applicant)

Applicant is hereby accepted into the Fast Track Master's Program for COE Honors Students Yes No

If yes, **M.S. Major** Code: _____

DEPARTMENT NAME _____

DEPARTMENT HEAD SIGNATURE _____

PRINTED NAME OF DEPARTMENT HEAD _____

DEPARTMENT SENDS THIS FORM TO THE OFFICE OF GRADUATE PROGRAMS AFTER COMPLETION

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