

ABOUT THIS FORM

This form is intended for use by Advanced Dual Degree program students who have fully completed the undergraduate portion of their ADD, and who wish to move into the graduate portion of the program. This form should be filled out completely by the student and graduate advisor who will then forward the form to the Registrar (registrarassist@rowan.edu) for processing. Once completed and signed by the graduate advisor, the Registrar's Office will confirm the student has applied for graduation. Once confirmed, the student will be matriculated into the graduate portion of the ADD program.

PART I: STUDENT INFORMATION *(to be completed by student)*

First name:	Last name:
Rowan ID#:	Birthdate (mm/dd/yyyy):
Rowan email address:	

PART II: PROGRAM IDENTIFICATION & INFORMATION *(to be completed by advisor)*

To ensure that you are placed into the correct program, please use the chart found here: <https://sites.rowan.edu/registrar/cadp/cadpmasterchart.html> as a reference for all active programs.

Accelerated Dual Degree program name:	
ADD undergraduate program:	ADD graduate program:
<input type="checkbox"/> Concentration if required by program: _____	<input type="checkbox"/> Concentration if required by program: _____
Graduate level ADD Start/Accepted Term & Year: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____ Campus Code: _____	

PART III: STUDENT REQUEST FOR TRANSITION TO GRADUATE PROGRAM & SIGNATURE

(to be completed by student)

Official Student Request & Signature: *By my signature below, I verify that I have met with my undergraduate and graduate ADD Advisors and I believe I have satisfied all the requirements necessary to fully complete the undergraduate portion of my program. Via this form, I am requesting official admission and matriculation into the graduate portion of the ADD.*

I confirm that I have applied for graduation from the appropriate undergraduate program.



Student Name

Signature

Date

PART IV: GRADUATE ACADEMIC ADVISOR APPROVAL FOR TRANSITION

(to be completed by advisor)

By my signature, I am approving this student has satisfied the requirements to be formally admitted to the graduate portion of the ADD and, ask that the Office of the University Registrar update the student record, and matriculating the student into the graduate portion of the ADD.



Graduate ADD Advisor Name

Signature

Date

Questions and completed forms can be sent to registrarassist@rowan.edu.