

Office of the University Registrar 25 University Avenue, West Chester, PA 19383 Ph: 610-436-3541 Fx: 610-436-2370 www.wcupa.edu/registrar registrar@wcupa.edu

WCU ID#

Required

ACCELERATED BACHELOR'S TO MASTER'S DEGREE PROGRAM REMOVAL REQUEST

Instructions: Undergraduate students who wish to remove themselves from an accelerated program and declare a new undergraduate plan of study must complete this form. Please complete all information on the form and obtain the required signatures. Once complete, return to the Registrar's Office for processing.

Student Name: _____

Phone: _____

Please select the accelerated program you are currently pursuing.

(Please initial) Yes _____

Please confirm that you wish to remove yourself from the accelerated program selected above.

Desired Major:	Plan Code:
Student's Signature:	Date:
Accelerated Program Coordinator:	Date:
Chairperson of Desired Major:	Date:
Please identify the student's new advisor (name & ID):	
Dean of The Graduate School (or designee):	Date:

Office Use Only