

Accelerated Master's Program (AMP) Request Form

Program name: _____ Department: _____

Program Advisor: _____

Advisor Email: _____ Phone Number: _____

Justification for program:

Minimum qualifications for admissions:

Minimum qualifications for continuation and graduation:

Description of departmental application review process:

Description of departmental matriculation process:

Plan for advising to ensure success:

List of core course that can count for dual credit:

Curriculum model, illustrating the time-table for completion:
