## Request for Fast Track Course  Credit

### Student Information:

Student Name: _____  T#:_____ Term: _____
            (Last)              (First)              (MI)

### Courses Requested:
If approved, this course(s) will give me a total class load of_____hours for the above term.

| CRN | SUBJ | COURSE # | TITLE | CREDIT HOURS |
|-----|------|----------|-------|--------------|
|     |      |          |       |              |
|     |      |          |       |              |

_____ I certify that I am a student in one of the Fast Track programs listed below. My cumulative GPA is_____. I understand that I am limited to 6 hours of coursework that will satisfy both UNDERGRADUTE and GRADUATE credit in my Fast Track program.

Student Signature:_____     Date: _____

### Fast Track GPA Requirements *Please check the field below that applies to you*

☐ Fast Track Chemistry (Overall GPA 2.8 or higher, or 3.0 GPA or higher in current upper-division Chemistry courses)

☐ Fast Track Civil Engineering (Overall GPA 3.25 & 3.5 GPA in current CEE courses)

☐ Fast Track Computer Science (Overall GPA 3.25 & 3.5 GPA in current CSC courses, completed CSC 2400)

☐ Fast Track Electrical & Computer Engineering (Overall GPA 3.25)

☐ Fast Track Mathematics (Overall GPA 3.0 or higher, 3.0 GPA in upper division Mathematics)

☐ Fast Track Chemical Engineering (Overall GPA 3.25 or higher & 3.25 GPA in current CHE courses)

☐ Fast Track Mechanical Engineering (Overall GPA 3.5 or higher)

☐ Fast Track MBA (Overall GPA 3.20)

☐ Fast Track Curriculum and Instruction (Overall GPA 3.25 or higher)

☐ Fast Track Counseling and Psychology (Overall GPA 3.0 or higher) effective fall 2016

☐ Fast Track English (Overall GPA 3.25 or higher, GPA in 3000-level or above English 3.5 GPA or higher, completed ENG 3000)

☐ Fast Track Professional Science Master's Environmental Studies (Overall GPA 3.0 or higher)

> Refer to your college Fast Track program for additional program requirements.

### Approval Signatures:

Department Chair: _____     Date:_____

Graduate Advisor: _____     Date:_____

Instructor:_____     Date:_____

College of Graduate Studies: _____     Date: _____

*This form must be filed with the Registration Center, Jere Whitson 221, and a duplicate copy must be filed with the College of Graduate School.*