



**City College of New York, CUNY
Accelerated Master's Degree Option
Admissions Form**

Date: _____

Student Name: _____ EMPLID: _____

Address: _____

Phone: _____ E-Mail: _____

.....
Undergraduate Major: _____

Intended Graduate Program: _____

To be completed by College official:

Credits Completed: _____ Credits in Major Completed: _____ Major GPA: _____

Graduate Admissions Requirements

I. Personal Statement: Please send with this application form to the intended Graduate Program.

II. References: Two letters of recommendation from faculty members should be sent directly to the intended Graduate Program.

Required Signatures

Applicant Signature: _____ Date: _____

Graduate Program Director Approval: _____ Date: _____

Undergraduate Advisor Approval: _____
(if different from the graduate program)