

Registrar's Office

Cambridge College 500 Rutherford Avenue Boston, MA 02129 Phone: 617.873.0101 Fax: 617.242.0026 registrar@cambridgecollege.edu

Accelerated Bachelor's to Master's Worksheet/Application

Your Cambridge College Location

Boston Lawrence

Springfield

Puerto Rico Southern California

CC Global Other_

Undergraduate students seeking admission to an accelerated master's degree program must complete and sign the top half of this form, then work with their undergraduate advisor to ensure the program admission requirements are met.

Student contact information	PLEASE PRINT CLEARLY and C	COMPLETE ALL ITEMS
Last name	First name	Middle name
Current Residence:		
Address	Apt	Phone ()
City	State Zip	
Cambridge College e-mail		
Current major:		Anticipated completion date:
Select intended graduate pro	gram:	
Early Childhood Teacher	Mathematics (5-8)	Student Signature
English as a Second Language	Mental Health Counseling	on paper printout or electronic*
General Science (1-6)	Psychological Studies	Date
General Science (5-8)	Skills-Based Health/	*Please see electronic signature options on the Registrar's web page
Interdisciplinary Studies	Social & Emotional Learning	Please see electronic signature options on the Registrar's web page
		by undergraduate and graduate advisors
General Requirements (please	, , , ,	script, including courses transferred in.
Mail lenance of all undergraduate Gr	A 01 3.5+ based on a full record train	script, including courses transferred in.
90 or more credits successfully comp prerequisites listed above and any ad-	•	ds a Cambridge College bachelor's degree, including general education of the accelerated program:
Students will need to obtain a written provided to the respective graduate s		ic advisor or undergraduate program chair. These recommendations will be mic record.
The graduate school will then schedu specified courses within the respective		approved by the receiving graduate school, the student will be allowed to enroll in
Get signatures below, indicati	ng approval	
1. Signature of undergraduate advisor:		Date
2. Interview conducted by graduate	advisor	Date
3. Signature of graduate advisor:		Date

After completing form submit it to:



Office of Admissions Operations

Cambridge College 500 Rutherford Avenue Boston, MA 02129

Or email to: admissionoperations@cambridgecollege.edu

Or fax to: 617-242-0039

Internal use only

The Office of Admissions Operations will circulate the finalized form to the following:

Registrar's Office Student Financial Services Undergraduate and graduate advisors