Statement of Eligibility for Accelerated Dual Degree Program

Please submit this form to the Education Department (Parenzo 211)

Name:			
Print Las	t Print F	irst	Print MI
Address:			
Home Phone:	Cell Phone:	Work 1	Phone:
Email:	WSU Stu	dent ID:	
Current Academic Pro	ogram:		
Please initial all that	apply below:		
I am currently	a sophomore with an overa	ll GPA of 3.3 or ab	ove
I have attached	a copy of my degree audit for	my BSE and BA pro	ograms to this form
I have successf	ully completed the Communic	cation and Literacy M	ITEL test
I have attached	my official Communication a	nd Literacy score rep	port to this form
	nation in this form is true to ication to the program by Fe		
Signatu	re of Student	Date	