

Statement of Eligibility for Accelerated Dual Degree Program

Please submit this form to the Education Department (Parenzo 211) by April 1 of sophomore year

Name: _____

Print Last

Print First

Print MI

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ WSU Student ID: _____

Current Academic Program: _____

Please initial all that apply below:

_____ I am currently a sophomore with an overall GPA of 3.3 or above

_____ I have attached a copy of my degree audit for my BSE and BA programs to this form

_____ I have successfully completed the Communication and Literacy MTEL test

_____ I have attached my official Communication and Literacy score report to this form

I certify that the information in this form is true to the best of my knowledge. I understand I have to submit an application to the program by February 15th of my junior year.

Signature of Student

Date

FOR OFFICE USE ONLY

App Complete _____ Current Semester Registration _____ Copy of File _____ Earned hours: _____

Institutional (*not* overall) GPA _____ Director, CGCE Signature: _____ Date: _____

Date to Registrar: _____ Registrar's Action: Accepted _____ Not Accepted _____

Registrar's Signature: _____ Date: _____