



**Combined
 Bachelor's/Master's
 Pathways
 Application**

Instructions: The student should fill out all required information in each section of the form, as indicated, and then get approvals from an undergraduate advisor. Once that is obtained, the student should submit the form to the SCOM Graduate Coordinator for final review and approvals.

STUDENT INFORMATION <i>To be completed by the student:</i>		
_____ Last Name	_____ First Name	_____ Middle Name
_____ FSU Email Address	_____ Cell Phone Number	
Note: Student signature required at the end of the form		

UNDERGRADUATE DEGREE INFORMATION <i>To be completed by the student and reviewed/approved by an Undergraduate Advisor:</i>		
_____ Graded CCI Course Hours Completed	_____ Major GPA	_____ Total FSU GPA
UG Major <input type="checkbox"/> ADV <input type="checkbox"/> PR <input type="checkbox"/> DMP <input type="checkbox"/> ICT <input type="checkbox"/> M/CS <input type="checkbox"/> IT	School <input type="checkbox"/> SCOM <input type="checkbox"/> iSchool	Degree <input type="checkbox"/> BA <input type="checkbox"/> BS
Courses Applied to UG Degree:		
<input type="checkbox"/> ADV 3410 <input type="checkbox"/> COM 3310 <input type="checkbox"/> ADV 4603 <input type="checkbox"/> LIS 4772	<input type="checkbox"/> MMC 4300 <input type="checkbox"/> PUR 4400 <input type="checkbox"/> MMC 4641 <input type="checkbox"/> SPC 4710	
Expected Semester of Graduation from Undergraduate Program:		
Semester: _____	Year: _____	
_____ Signature: UG Advisor		_____ Date

GRADUATE DEGREE INFORMATION

To be completed by the student and reviewed/approved by the SCOM Graduate Coordinator:

Graduate Major _____

MCS PIMC
 IMC

Graduate Coordinator check
 here if a GRE waiver is approved:

GRE scores: _____

GMAT scores: _____

Verbal Quantitative Total Verbal Quantitative Total

 Signature: Graduate Coordinator Date

LIST OF GRADUATE COURSES APPLIED TO UNDERGRADUATE AND GRADUATE DEGREES (Max of 12 hours)

To be completed by the student and reviewed/approved by the Dir. of Master's Studies:
 Indicate your desired courses here based on the list of approved graduate courses in your area (found under the Combined Bachelor's/Master's Pathways section of our SCOM website – comm.cci.fsu.edu). The Director of Master's Studies will adjust selections where necessary.

Course #	Course Title	Credit Hours
		3
		3
		3
		3

ADDITIONAL GRADUATE PROGRAM INFORMATION:

1) Do you think you will want to pursue a thesis or creative project while in the graduate program? (Note: a thesis or creative project may require an additional semester to complete).

No, I just want to take courses Yes, I'm considering a thesis Yes, I'm considering a creative project

2) Do you think you will want to acquire a certificate while in the graduate program? (see our SCOM website for information on certificates offered)

No Yes If yes, which one: Digital Video Production
 Multicultural Marketing
 Project Management

Additional Signatures:		
Student Name	Student Signature	Date
Dir. of Master's Studies Name	Dir. of Master's Studies Signature	Date
School Director Name	School Director Signature	Date
Academic Dean Name	Academic Dean Signature	Date