



**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	School	Degree
<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	<input type="checkbox"/> SCOM <input type="checkbox"/> iSchool	<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	
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. 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