**Intent to complete Bachelor’s to Master’s Degree form**

Student and faculty must sign this form and submit it to the CLAS Advising office NC 1030 or to clas\_advising@ucdenver.edu.

***STUDENT:*** *I acknowledge that I have spoken to an undergraduate and graduate program advisors and authorize the CLAS advising office to change my student record to indicate that I intend to apply to the graduate program listed below and complete the prescribed curriculum. I also acknowledge that if I decide not to complete the graduate portion of this degree, I must notify program advisors and the CLAS advising office so that my student record can be updated to reflect that change of decision. I understand that this is not an application to the Graduate program and does not guarantee my admission.*

**Student name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Please circle the Bachelor’s to Master’s program this student intends to complete:**

Biochemistry BS/ Chemistry MS

Chemistry BS/ Chemistry MS

Economics BA/ Economics MA

International Studies BA/ Master’s in Humanities MH

International Studies BA/ Political Science MA

International Studies BA/ Master’s in Social Science MSS

Mathematics BS/ Statistics MS

Philosophy BA/ Master’s in Humanities MH

Political Science BA/ Political Science MA

Political Science BA/ Master’s in Social Science MSS

Public Health BA/ Master’s in Public Health MPH

Public Health BS/ Master’s in Public Health MPH

Sociology BA/ Sociology MA

***FACULTY ADVISORS:*** *I have met with this student and authorize that they have met the criteria to be matriculated into the BA/BS to Master’s program indicated above. I have advised them of the eligibility requirements to apply to the Graduate program and have informed them of the ways their degrees will change. I have referred the student to their CLAS advisor, Financial Aid and Bursar, to learn more about the other things they need to consider for this program.*

Faculty Undergraduate Program Advisor name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Undergraduate Program Advisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Graduate Program Advisor name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Graduate Program Advisor signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_