

JOINT BS/MS DEGREE PROGRAM AUDIT FORM

Section A (for student to o	complete and bring to advisor):		
Student Name:	Z#:	Z#:	
Email:	Phone No. :		
Starting Date at FAU:	Undergraduate Advisor:	GPA (Overall):	
	ing the Master's Degree Program (The First	t Semester <u>AFTER</u> completion of your	
	Master's Degree Program: CSC/COEN M-AIT/ITM-CSDA	/EEL/ARIN/	
Have you completed your_Yes	On-Line Application for the Master's Degre	ee Program?	
	l courses that you plan to take during you		
Course Number Course	e Name	Credit Hours	
Section B (for department Please check that student Cumulative GPA of Completed at least Continuous enrollm	meets the following criteria: 3.25 or higher 90 credits		
	Undergraduate Advisor	Date	
	Graduate Coordinator	Date	

Please provide completed and signed copy to Jean Mangiaracina, FAU Boca Raton campus, Engineering East (EE), room 403 or email to eecs@fau.edu.