

Office of the Registrar
Accelerated Registration Form

Accelerated Program: _____

Name: _____ **PWID#:** _____

Email: _____ **Number of UG Credits Earned to Date:** _____

Estimated completion date for Bachelor's: _____ **Current Cumulative PennWest UG GPA:** _____

Registration Term/Year: Fall _____ Winter _____ Spring _____ Summer _____

Financial Aid Precaution:

Because all student aid packages are different, student must meet with the Financial Aid Office to discuss any impact graduate course enrollment may have on their financial aid eligibility.

Course(s) to be taken

Requirement to be fulfilled

Example:

CRN #	ACC 6100 Financial Accounting Research	ACC 2000 Financial Accounting

Student Signature: _____ **Date:** _____

Department Chair/Designee: _____ **Date:** _____

Note:

1. Accelerated students must collaborate with their UG Department Chair to complete and submit this form.
2. A new form is required for each term.

Instructions:

- Student to complete form with all required information and forward to their Department Chair. **Digital signatures are preferred.**
- Department Chair/Designee digitally signs and emails form to the Office of the Registrar at Registrar@pennwest.edu.
- Please follow naming convention: TERM_PWID_ACCELERATED REGISTRATION FORM
 - Example: 202230_P11100023_ACCELERATED REGISTRATION FORM