

APPLICATION DATE _____ NAME _____
Month/Day/Year Last First Middle
International students print or type your name exactly the way it appears on your passport

CURRENT EFSC UNDERGRADUATE MAJOR _____ EFSC STUDENT ID _____

MAILING ADDRESS (until when?) _____ PERMANENT ADDRESS

TELEPHONE Preferred _____ Other _____ EMAIL _____

Date of Birth _____
Month/Day/Year

CITY AND COUNTRY OF BIRTH _____ GENDER Male Female

CITIZENSHIP _____

Proposed Degree Program Name MBA FULL TIME

If applicable, Name of Previous College attended _____

I will have completed 95 credit hours toward my undergraduate degree as of (fall/spring/summer) _____ semester of (year) _____

I will have met the minimum cumulative GPA of 3.4 based on more than 95 credits earned at EFSC. Yes No

I propose to take (1 or 2) _____ (5000 series) graduate course(s) (course number) _____ / _____ Term _____ semester of (year) _____

I propose to take (1 or 2) _____ (5000 series) graduate course(s) (course number) _____ / _____ Term _____ semester of (year) _____

I expect that my EFSC bachelor's degree will be awarded the (fall/spring/summer) _____ semester of (year) _____

I will continue taking courses thereafter as a full-time graduate student at Florida Tech beginning the (fall/spring/summer) _____ semester of (year) _____

If accepted, up to 6 hours of graduate credit will be applied to my EFSC bachelor's degree and affect my undergraduate GPA. If I receive my bachelor's degree with a minimum 3.0 GPA and I receive a grade of A or B in the graduate course(s), I can request that those credit hours be transferred to my graduate degree, although my graduate GPA will not be affected.

I certify that the above is true to the best of my knowledge _____
Signature of applicant

ACADEMIC DEPARTMENT USE ONLY

YES NO

Student will have completed at least 95 total hours and/or have senior status when taking the first graduate course to be applied to the SmartTrack program.

Student has met the minimum cumulative GPA of _____ during the semester of application to the SmartTrack program.

EFSC AUTHORIZING OFFICIAL SIGNATURE _____

PRINTED NAME OF EFSC AUTHORIZING OFFICIAL _____

EFSC ADVISOR SENDS THIS FORM TO THE OFFICE OF GRADUATE ADMISSIONS FOR VERIFICATION.