

CIS Application for Accelerated Bachelors-Masters Degree Program (ABMD)

Student Information

Date:

* TUID:

Prefix:

* First Name:

Middle Name:

* Last Name:

* Email Address:

* Confirm Email:

* Planned Course of Study (MS/CS or MS/IST):

1. I understand that I must apply to the Graduate School by November 1st of my Senior Year (TOEFL and GRE scores are waived).
2. I understand that I must apply to graduate (undergraduate) at the end of my Senior Year.

Student Signature: _____ (Date) _____

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION

1. **STATEMENT OF GOALS: THIS STATEMENT SHOULD BE 500-1 000 WORDS LONG AND SHOULD INCLUDE *your specific interest in Temple's program, your professional goals, and your academic and professional achievements.***
2. **AN UP-TO-DATE RESUME OR CV**
3. **AT LEAST TWO LETTERS OF RECOMMENDATION FROM CIS FACULTY**
4. **A GRADUATION REVIEW FORM (SIGNED BY YOUR UNDERGRADUATE CST ADVISOR)**

Graduate Adviser (MS/CS or MS/IST): _____ (Print name) _____
Means the Undergraduate Graduation Review has been checked and that the applicant will be able to complete all ABMD program requirements in a total of 5 years.

CIS Graduate Program Director: _____ (Print name) _____

CST Approval: _____ (Print name) _____