



GRADUATE STUDIES  
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## Notification of Integrated or Joint Program Status

GS Form 5

**IMAGING:** GRS FormA  
 Admit Year/Term:

Please submit completed form with signatures to Graduate Studies.

<b>Applicant Information</b>			
Name _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY) _____/_____/_____
BYU ID Number _____	BYU Net ID _____		<b>Citizenship Information:</b>
Current Mailing Address _____			<input type="checkbox"/> United States
City _____	State or Province _____	Postal Code _____	<input type="checkbox"/> US Permanent Resident (Alien #): _____
Country _____			<input type="checkbox"/> Foreign Country (specify): _____
Phone Number _____			
E-mail Address _____			
<b>Integrated Program*</b>			
<input type="checkbox"/> I have been admitted for an integrated program in: _____			
Department _____		Program _____	
Semester/term and year to begin graduate study: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer    _____			
Year _____			
Original Signature of Graduate Coordinator or Department Chair _____		Original Signature of Student _____	
Date _____		Date _____	
* I understand that, by accepting admittance to an integrated program, I must graduate with my bachelor's degree and my master's degrees simultaneously.			
<b>Joint Degree Program†</b>			
Applicants to an approved joint program must apply for joint status at the time of admission			
<input type="checkbox"/> I have been admitted for joint degrees in the following programs:			
<b>Program One:</b> _____			
Department _____		Degree _____	
Semester/term and year to begin program one:			
<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer    _____		Year _____	
Original Signature of Graduate Coordinator or Department Chair _____		Date _____	
<b>Program Two:</b> _____			
Department _____		Degree _____	
Semester/term and year to begin program one:			
<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer    _____		Year _____	
Original Signature of Graduate Coordinator or Department Chair _____		Date _____	
_____		_____	
<b>Original Signature of Student</b>		Date	
† I understand that, by accepting admittance to an approved joint-degree program, I must graduate with both degrees simultaneously.			

Office Use Only: Date Input

ADV06     ADV07     GS02