



3 Year Accelerated Degree Program Declaration

Office of Advising & Registration

4th Floor, Dewar Union
Hartwick College
Oneonta, NY 13820
Tel: 607-431-4460; Fax: 607-431-4260

By submitting this form you agree to the terms outlined below.

Name: _____ ID No: _____

Circle the program you are interested in pursuing:

- | | | |
|-------------------------|---------------------|-------------------|
| Accounting* | English | Political Science |
| Art History | French | Psychology |
| Biology | Geology | Religious Studies |
| Business Administration | History | Sociology |
| Chemistry | Information Science | Spanish |
| Computer Science | Mathematics | Theatre Arts |
| Economics | Nursing | |
| Education | Philosophy | |

* General Accounting degree (CPA possible in 4 years)

The following terms and conditions apply:

- To enroll in an accelerated degree program as a current student, you must complete or have completed at least 40 academic credits by the end of your freshman year, or 80 academic credits by the end of your sophomore year and have a cumulative GPA of 2.000 or higher;
- You are required to pay an application fee of \$500;
- You must adhere to the accelerated completion timeline outlined by the program you selected;
- You agree to allow the Office of Advising and Registration to add the accelerated academic program administrator of the program you selected as your academic advisor;
- Failure to remain in good academic standing (a cumulative GPA of 2.00 or higher) will result in removal from the program and forfeiture of the \$500 application fee; and
- Failure to satisfy minimum credit completion guidelines will result in removal from the program and forfeiture of the \$500 application fee.
- Removal from the program does not indicate removal from the college (unless your cumulative GPA falls below the minimum standards set forth by the College); rather, you will be removed from the 3-year program and placed in a traditional 4-year program.

Student Signature and Date

I hereby authorize the above changes (this form will not be processed without your signature):

Name Date

Advisor Signature and Date

I hereby authorize the above changes (this form will not be processed without this signature):

Name Date