Worcester Polytechnic Institute

Office of the Registrar

Bachelor's and Master's Degree Course Designation Form

Please Print:				
Name:		Student ID:	Student ID:	
Undergraduate Major:		Graduate Major: _	Graduate Major:	
Anticipated BS Graduation Date:		Anticipated MS C	Anticipated MS Graduation Date:	
		proval Required	Degrees (Double Counted) nd MS degree requirements:	
Course Subject and # ex: CS 4120	Title ex: Analysis of Algorithms		Semester or Term/Year ex: B 2021	
	Approval from Graduat		artment Head:	
Name:	S:	ignature:	Date:	
	No Approva	l Required	e Added to Your MS Degree	
Course Subject and # ex: RBE 500	Title ex: Foundations of Robotics		Semester or Term/Year ex: Fall 2021	

Please submit completed form to the Office of the Registrar

508-831-5211 (tel) 508-831-5931 (fax)

100 Institute Road, Worcester MA 01609-2280 wpi.edu/+registrar