

BS/MS Application

Software Engineering

GOL (70) Rm. 1690

585-475-5461

Rochester Institute of Technology

Golisano College of Computing and Information Sciences

Last Name:		First Name:	
Year Level:	GPA:	Undergrad Advisor Name:	
Date:	Effective Term:	University ID #:	RIT Email:
BS/MS Degree: ___ SE Undergrad / SE Grad ___ CS Undergrad / SE Grad ___ CSEC Undergrad / SE Grad			

INSTRUCTIONS

Submit this completed application, personal statement, and letter of recommendation from a GCCIS faculty member to your academic advisor. Applications will be reviewed at the end of the current term after grades are posted.

Before applying, students should meet with their undergraduate academic advisor and the SE Graduate Program Director. Initial next to each statement and have the appropriate person sign on the signature line once you meet with them.

___ I have reviewed my BS/MS course plan with my academic advisor

Academic Advisor Signature: _____

___ I have met with the Graduate Program Director

Graduate Program Director Signature: _____

PERSONAL STATEMENT

Attach a brief personal statement explaining why you are interested in pursuing a BS/MS (1 page max).

LETTER OF RECOMMENDATION

Attached a letter of recommendation from a GCCIS faculty member.

DEPARTMENT USE ONLY

<input type="checkbox"/> Accept	<input type="checkbox"/> Reject	Effective Term:
Projected Sr Project Terms (SE only) _____		Projected Thesis Term (CS, CSEC or SE) _____ Projected Capstone Term (CS only) _____
Notes		