

**TEXAS SOUTHERN UNIVERSITY  
DEPARTMENT OF COMPUTER SCIENCE**

3100 Cleburne St.  
Houston, TX 77407  
(713)-313-7611

**ACCELERATED MASTERS DEGREE APPLICATION FORM**

STUDENT INFORMATION				
Last name ( <i>family name</i> ):	First name:	Middle Initial:	T-Number:	
Address ( <i>Street number and name</i> ):	Apt. Number:	City or Town:	State:	Zip Code:
Major:	GPA:	Expected graduation year: Fall <input type="checkbox"/> Spring <input type="checkbox"/>		
TSU Email Address:			Phone Number:	

I hereby certify that the above information is correct and authorize the Department of Computer Science to consider me for the accelerated Computer Science Masters Degree program

Student's signature:

Date:

Faculty's signature:

Date:

\* Please save and email the completed form to CS Department Faculty Chair