

Skidmore College
Office of the Registrar

Application for Acceleration

Name:		Current Expected Grad Date: Month/Year	
Student ID #:		New Expected Grad Date: Month/Year	
Cum GPA:	Major1:	Major2:	Minor1:
Minor2:	Minor3:		
Will all coursework be completed at Skidmore? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, where do you anticipate taking courses?			
Reason for acceleration:			
Student signature:			Date:
Advisor comments:			
Advisor signature:			Date:
Department Chair comments:			
Department Chair signature:			Date:
Office of the Registrar	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	
Registrar comments:			
Office of Registrar signature:			Date:

