Application to the Department of Agricultural and Biological Engineering Accelerated Program

Submit your application package to Room 150 ABE building or email it to: advisingsupport@abe.msstate.edu. Please type or print legibly.

| MSU NetID | MS ID number | | | |
|---|------------------------|-------------------|---------------|---------------------------|
| Last Name: | First Name: | | | Middle Initial: |
| Semester/Term you wish to begin: | Spring | Summer | Fall | Year: |
| Select a Program: | | | | |
| Biosystems Engineering | Biomedical Engineering | | | |
| Have you previously applied to a 5-year at Mississippi State University? | BS/MS program | or Graduate S | tudies progra | am or Accelerated Program |
| Yes No If yes, date | e: | | | |
| Overall undergraduate grade point aver | age (GPA—3.50 | minimum requ | ired): | |
| The information I have submitted is correview my academic information stored that admission to the program does not | in the MSU adn | ninistrative syst | ems, such as | s Banner. I understand |
| Signature: | | Date: | | |
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| | | | | |

Undergraduate Coordinator Signature