

**4 + 1 Program Application**

**Bachelor degree in Dietetics & Nutrition  
Master of Science degree in Adult Education**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Banner ID: \_\_\_\_\_

Current advisor: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Current semester: \_\_\_\_\_

Number of credits at the end of this semester: \_\_\_\_\_

Term you were admitted to Buffalo State: \_\_\_\_\_

Term you plan to graduate: \_\_\_\_\_

**Please have the department chair of your undergraduate program sign this form.**

**To department chair: Signing this form indicates that this student is qualified for the Adult Education master's degree program here at Buffalo State. Your signature indicates your confidence in the student's success in the program. Please submit this form to [adulthoodeducation@buffalostate.edu](mailto:adulthoodeducation@buffalostate.edu). Thank you.**

UG Department Chair signature: \_\_\_\_\_ Date: \_\_\_\_\_