



LASELL

UNIVERSITY

5th Year Option Declaration of Interest

Name: _____

Permanent Address: _____

On-Campus Address: _____

Email: _____ Phone Number: _____

Major: _____

Cumulative GPA: _____

Please accept this completed form as my declaration of interest to pursue the 5th Year Option.

I understand that in order to remain a qualified candidate I must:

- Work closely with my advisor and follow the **5th Year Course Waiver Guidelines**.
- Successfully complete all prerequisites.
- Maintain a cumulative 3.0 grade point average.

I understand in my senior year I will make official application to the Lasell University Graduate program by completing the **Application for Graduate Admission** and submitting all required documents.

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Please return this form to: Graduate Office of Enrollment

Lasell University
1844 Commonwealth Avenue,
Newton, MA 02466
617-243-2400 | gradinfo@lasell.edu