TBRM 4+1 BS/MS Joint Program
Enrollment Application and Approval Form

TBRM 4+1 accelerated pathway candidates must:
1. Meet all the eligibility requirements for the application (refer to graduate program director and/or website)
2. Obtain approval from undergraduate department chair and the applicable graduate program director
3. Indicate the desired 4+1 track of interest (A vs. B)
4. Submit a CV, unofficial transcript, statement of purpose and 3 reference contacts to TBRM@hartwick.edu

First Name: ___________________ Last Name: ___________________ Middle Initial: _________________
Hartwick ID: ___________________ Hartwick Email: ___________________ Phone/Cell: _________________
Current Undergraduate Major: ________________________________________________________________
Current Undergraduate Adviser: ______________________________________________________________
Current GPA: _______________ Term you plan to graduate from your undergraduate program: _________________
Prerequisites required: any one of the following MATH/CISC plus any one of the following BIO courses
☐ MATH121 - Single Variable Calculus ☐ MATH108 - Statistics
☐ MATH235 - Advanced Single Variable Calculus ☐ CISC120 - Cracking the Code
☐ MATH220 - Linear Algebra ☐ BIO163 - Human Biology
☐ MATH233 - Multivariable Calculus ☐ BIO191 - Intro to Molecular and Cellular Biology

TBRM 4+1 track of interest (Public Health majors please check Track B):
☐ Track A - 6 elective credits per year ☐ Track B - 9 elective credits per year

TBRM500 (3 CR, Sophomore Year Fall) TBRM500 (3 CR, Junior Year Fall)
TBRM502 (3 CR, Sophomore Year Fall) TBRM502 (3 CR, Junior Year Fall)
TBRM504 (3 CR, Junior Year Fall & Spring) TBRM504 (3 CR, Junior Year Fall & Spring)
TBRM506 (3 CR, Junior Year Fall & Spring) TBRM506 (3 CR, Senior Year Fall & Spring)
TBRM508 (6 CR, Senior Year Spring) TBRM508 (6 CR, Senior Year Spring)

My signature indicates that I have read and agree with the above requirements. My signature also indicates my intent to remain at Hartwick College through my undergraduate and graduate studies.

Student’s Signature ___________________ Date: ___________________

To Student: Please have the department chair of your undergraduate program sign this form.

To Major Department Chair: Signing this form indicates that the student named herein qualifies as a candidate for the 4+1 leading to the TBRM master’s degree program. Your signature also indicates your confidence in his/her success in the program. Please sign and submit this form to the Graduate Program Director.

Major ___________________ Department Chair (Print name): ________________________________
Department Chair Signature: ________________________________ Date: _______________

Translational Biomedical Research Management Graduate Program
☐ Approved
☐ Denied (Please provide reason):
TBRM Program Director Signature ___________________ Date: ___________________

April 30, 2020