

CANDIDACY FOR THE DEGREE OF MASTER OF _____

INSTRUCTIONS TO APPLICANT: Please fill in both sides of the application form, secure appropriate departmental approvals, and file the form with Graduate Studies. Please consult Graduate Studies and your graduate program for filing deadlines.

LAST NAME		FIRST NAME	MIDDLE NAME	SS#/STUDENT ID#
ADDRESS		CITY	STATE/ZIP CODE	PHONE NUMBER
DEG SEQ #	MAJOR FOR THE MASTER'S DEGREE			E-MAIL ADDRESS
All requirements including thesis or comprehensive exam to be completed by: <i>Circle One</i> June 20 _____ September 20 _____ December 20 _____ March 20 _____			For Graduate Studies Use Only:	

THE MASTER'S DEGREE WILL BE COMPLETED BY: (CIRCLE ONE) COMPREHENSIVE EXAMINATION OR THESIS	
Signature of applicant: _____	Date: _____

Master's Thesis Committee Members: All committee members listed, including an optional 4 th reader, once approved by the Dean of Graduate Studies, must approve the final version of the thesis and sign the title page. A change to committee membership requires submission of a Petition for Reconstitution of Committee Membership prior to submission of the thesis to Graduate Studies.		
Name (First, Middle Initial, Last)	Academic Title (Prof., Assoc. Prof., etc)	Home Department
_____, Chair		
(Optional 4 th Committee Member)		

DEPARTMENTAL APPROVALS:	
Graduate Adviser (sign & print name): _____	Date: _____
Thesis Chair: _____	Date: _____

GRADUATE STUDIES USE <u>ONLY</u>:		
Reg/Filing Fee: _____	Full Time: _____	Thesis Filed: _____
G.P.A. _____	Qtrs/Res _____	Comprehensive Exam Date: _____
Rank/Committee _____	Matriculation _____	Degree Conferred _____
Deficiencies _____		
Approved: _____		
Dean of Graduate Studies	Chair of Graduate Council	per _____ Date _____
Thesis Title: _____		
