



ADMISSION TO CANDIDACY: MASTER'S DEGREE

Name _____ Student No. _____ Date _____

College/Department _____ Degree & Date of Anticipated Award _____

Thesis/Non-Thesis _____ Total Credits in Student's Program _____

Major Courses:

Course No.	Completion Term	Course Description	Grade (*if not taken)	Credits
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Other Courses:

Foreign Language _____ Certified By _____ Date: _____

Chair, Supervisory Committee _____ Date _____ Department Chair _____ Date _____

Member, Supervisory Committee _____ Date _____ College Dean _____ Date _____

Member, Supervisory Committee _____ Date _____ Graduate Studies and Admissions _____ Date _____

Distribution: **White** - Graduate Studies; **Yellow** - Chair, Supervisory Committee; **Green** - Department Chair; **Pink** - College Dean.