



Declaration of Candidacy for Graduate Degree

Name _____ Student ID# _____

Print, exactly how you want it to appear on your diploma.

Permanent Address _____
(Where to send diploma) Street City State Zip Phone

Local Address _____
Street City State Zip Phone

Please mark one of the following:

Master of Arts in Education
with an emphasis in _____

Master of Arts in TESOL/Bilingual

Master of Business Administration
with a concentration in _____

Master of Science in Environmental Safety and Health Management

Master of Occupational Therapy _____ weekend program _____ traditional program

Master of Physical Therapy _____ weekend program _____ traditional program

Master of Arts in Liberal Studies

Master of Athletic Training

Indicate the month and year you intend to graduate:

December, (Year) _____

May, (Year) _____

Declaration requested by April 26 prior to December graduation and December 6 for May ceremony
(Late applications will be accepted)

_____ **I plan to participate.** _____ **I will not participate in the graduation ceremony.**

I have read and understand the information contained on this application and the degree requirements outlined in the Graduate Bulletin. To the best of my knowledge, I will have completed requirements for my intended degree by the date indicated above.

Student

Date

Program Director /College Dean

Date

Office of the Registrar

Date