

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

Session and year in which I intend to complete my graduation requirements is:

- Spring (Year) _____
- Fall (Year) _____
- Summer (Year) _____
- Winter (Year) _____

I intend to participate in graduation ceremonies. Yes No
If yes, Spring (Year) _____ OR Fall (Year) _____

I have read and understand the information contained on this application and the degree requirements outlined in the Graduate Catalog. 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