



# Declaration of Candidacy for Graduate Degree

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

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

**Address to mail diploma** – will be mailed approximately one month after conferral date:

Street	City	State	Zip	Phone
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Please mark one of the following:

- \_\_\_\_\_ Master of Arts in Education with an emphasis in \_\_\_\_\_
- \_\_\_\_\_ Master of Arts in TESOL/Bilingual
- \_\_\_\_\_ Master of Arts in Rhetoric and Writing
- \_\_\_\_\_ Master of Athletic Training
- \_\_\_\_\_ Master of Business Administration with a concentration in \_\_\_\_\_
- \_\_\_\_\_ Master of Occupational Therapy
- \_\_\_\_\_ Master of Physician Assistant
- \_\_\_\_\_ Master of Science in Applied Security and Analytics
- \_\_\_\_\_ Master of Science in Environmental Safety and Health Management
- \_\_\_\_\_ Master of Science in Health Informatics

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

Spring (Year) \_\_\_\_\_ Summer (Year) \_\_\_\_\_ Fall (Year) \_\_\_\_\_

I intend to participate in Spring graduation ceremonies: \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes please state year intending to participate: \_\_\_\_\_

There is only one graduation ceremony that is held every year in Spring.

- If you are finishing your degree requirements in Summer you may participate in the ceremony prior to Summer or wait until the next ceremony the following Spring.
- If you are finishing your degree requirements in December you may participate in the next ceremony held in Spring.
- You may not postpone your graduation ceremony. If you choose not to walk in the Spring ceremony closest to your conferral date you may not participate in a future ceremony.

A copy of this form and a current copy of your degree audit will be emailed to your UF email address.

I have read 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 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director/College Dean Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office of the Registrar Signature

\_\_\_\_\_  
Date

Return completed form to the Office of the Registrar 1000 N Main St, Findlay, OH 45840  
or fax to 419-434-5565