

APPLICATION FOR THE MASTER'S DEGREE

Instructions: Please complete the top portion of this form and submit the entire application to your Department Assistant by the deadline date listed in the Academic Calendar. After review, your Department will forward all copies of the application to the Division of Graduate Studies. If you do not complete all the requirements for the degree by the deadline date, a new application must be filed the quarter you will complete. Please use your name as it appears in University records.

Last Name First Middle Department

Candidate for Masters degree: Fall Winter Spring Summer Quarter 20 _____

Student I.D. Number: _____ Terminal Master's Degree? _____ Yes _____ No

E-mail address: _____

I will participate in the June Commencement Ceremony _____ Yes _____ No

Student Signature

Date

Reviewed by Department Assistant: _____

CERTIFICATION BY THE DEPARTMENT:

This is to certify that this student has satisfied all the requirements for the Master's Degree by:

_____ Course Work _____ Examination _____ Thesis _____ Paper

This is to certify that all requirements for the Department have been met and the Master's degree may be conferred effective the last day of the quarter of application.

Is this student continuing in the Ph.D. Program? _____ Yes _____ No

Signed: _____

Graduate Representative

_____ Date

Office Use Only

Diploma
Ordered: _____

Diploma
Mailed: _____

Your diploma will be mailed to your Permanent Address in 3-5 months. Verify and update your Permanent Address via the Student Portal at <http://my.ucsc.edu>.