

Return all copies of completed form to:
 Graduate Records Office, The Graduate School
 Room 224 Building 44, University of Utah
 290 S. 1500 E., Salt Lake City, UT 84112-0441

Application for Admission to Candidacy for the Master's Program
 (Due at least 2 months preceding semester of graduation)

Date: _____

Full legal name: _____ UoU ID#: _____
 Last First Middle

Present Address: _____ Telephone: _____
 Street City Zip Hometown: _____

Permanent Address (if different): _____
 (used for commencement program)

Degree(s) previously received (BS, BA, MS, etc): _____ Institution: _____ Year: _____

Request for admission to candidacy for the degree of Master of: _____
 Department

Major: _____

This degree is expected to be completed at the end of: _____ Year: _____ Thesis required or nonthesis option? _____

Description of nonthesis option if permitted: _____

Proposed thesis title: _____

Human Subjects Committee Clearance Required? (if YES, attach a copy of approval form): _____

If work from another university is to be included in the course work listed below, please check with the Registrar to verify that official transcripts have been evaluated and recorded on the University of Utah record.

List chronologically work required by the Committee for the proposed degree being sure to include thesis hours in the quarter/semester taken. Graduate work that might be counted toward a doctorate but that is not required for the Master's degree should NOT be listed. Use a plain sheet of paper to list additional course work: type name on it and attach to this form.

Institution	When Registered	Department and Course No.	Course Title	Major or Allied	Qtr/Sem Hours	Grade
U of XXXXXXX	Sem. 1999	Acct. XXXXX	Example Course Title	Major	3	A
	?	-				
	?	-				
	?	-				
	?	-				
	?	-				
	?	-				
	?	-				
	?	-				
	?	-				
	?	-				
	?	-				
	?	-				
	?	-				
	?	-				
	?	-				
	?	-				

The program of study as outlined has been approved by the applicant's supervisory committee listed below:

Name: _____ Signature: _____
 Chairperson

Name: _____ Signature: _____

Name: _____ Signature: _____

This program of study fulfills departmental requirements:

Name: _____ Signature: _____
 Departmental Chairperson/Graduate Studies Director Date

Application approved by: _____ Date: _____
 Dean of the Graduate School

Approved for graduation by: _____ Date: _____
 Dean of the Graduate School

After all required departmental signatures are obtained,
 please MAIL original & 4 copies directly to Graduate Records (Bldg. 44 Rm. 224).

For use of Graduate School	
<input type="checkbox"/>	Total hours
<input type="checkbox"/>	Major
<input type="checkbox"/>	Allied Fields
<input type="checkbox"/>	Thesis
<input type="checkbox"/>	Language
For use of Registrar	
<input type="checkbox"/>	4 year time limit
<input type="checkbox"/>	Residence (all but 8 hrs)
<input type="checkbox"/>	3.0 G.P.A.
<input type="checkbox"/>	Registered currently
<input type="checkbox"/>	Continuous registration
Copies	
<input type="checkbox"/>	Graduate Record
<input type="checkbox"/>	Registrar
<input type="checkbox"/>	Department
<input type="checkbox"/>	Candidate

