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 Degree

(Due at least 2 months preceding semester of graduation)

Date: _____

Full legal name: _____ SSN: _____ **Student#:** _____
Last First Middle

Present Address: _____ Telephone: _____
City | ST | Zip Home Town: (*town for commencement program*)

Permanent address (if different): _____

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

Request for admission to candidacy for the degree of Master of: _____
Major: _____ Department: _____
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 approved 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 XXXXXXXXXXXX	Sem, 1999	ACCTG - XXXX	Example Course Title	Major	3	A
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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: _____
Department Chairperson / Graduate Studies Dir. Date

Application approved by: _____ **Date:** _____
Dean of The Graduate School

Approved for graduation by: _____ **Date:** _____
Dean of The Graduate School

The original and FOUR copies of this form, are to be MAILED directly to the Graduate Records Office by the chairperson of the applicant's supervisory committee.

For use of Graduate Records

	Total Hours
	Major
	Allied Fields
	Thesis
	Language

For use of Registrar

	4 year time limit
	Residence (all but 8 hrs)
	3.0 G.P.A.
	Registered currently
	Continuous registration

Copies

	Graduate Record
	Registrar
	Department
	Candidate

Institution	When Registered	Department and Course No.	Course Title	Major Or Allied	Qtr/Sem Hours	Grade
U of XXXXXXXX	Sem, 1999	ACCTG- XXXX	Example Course Title	Major	3	A