

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 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/Program Name

Candidate for _____ degree: Fall Winter Spring Summer Quarter 20 _____
(choose MA, MS or MFA)

Student I.D. Number: _____ Terminal Master's Degree? _____ Yes _____ No
(Please mark Yes if you are not continuing at UCSC)

E-mail address: _____

Student Signature

Date

CERTIFICATION BY THE DEPARTMENT

Reviewed by Graduate Coordinator: _____

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

Plan I Thesis track

For theses submitted to the Graduate Division only

This is to certify that all the department requirements have been met and the degree may be conferred upon submission of the approved masters thesis.

Signed: _____
Graduate Representative Date

---- or ----

Plan II Comprehensive examination or project

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.

Signed: _____
Graduate Representative Date