

			Candidacy for	r the Degree of Master of:		
□Advanced Study □Arts □Engineering □ Law □ Professional Accountancy						
		□Public Health □Scien	ice Plan II – Co	omprehensive Exam Plan		
consult Graduate S	oth pages, secure Studies and your	re appropriate departmental approva graduate program for filing deadline id at Cashier's Office before this form is	es.			
Last Name		First Name	Middle Name	Student ID Number		
Current Ad	Idress	City	State/Zip Code	Telephone Number		
Degree Sequence Number		Graduate Program	Program Code	E-mail		
All requirements including comprehensive examination to be completed by: (fill in one)						
June 20 September 20 December 20 March 20						
Applicant Signature: _	Date:					
DEPARTMENT AP	PROVAL					
Graduate Program Ad	Date:					
Print Name:						
Graduate Program Co	Date:					
Print Name:						



LIST ONLY COURSES RELEVANT TO DEGREE Upper division courses completed Leave Units Institution Quarter and Instructor or to be completed for the Master's Blank Year taken degree Graduate level courses completed or to be completed for the Master's degree **Graduate Studies use only: TOTAL UNITS LISTED**

GRADUATE STUDIES SECTION						
Matriculation:	_ Fee Paid:	Comp Exam Date:				
Full Time:	_ Qtrs/Res:	_ Degree Conferred:				
G.P.A.:	_ Registered/Filing Fee:	_ (at time of submission)				
Deficiencies:						
APPROVED						
Dean of Graduate Studies Signatu	_ Date:					
Staff Initials:						