					Date				
Full legal name:					UofU II	D#:			
Permanent Address:	Last		First	Middle	Telephon	ie:			
	Street		City	Zip	Hometow	n:			
Permanent Address (if diffe	erent):					(used for co	mmencemer	ıt progran	
Degree(s) previously receiv	ved (BS, BA, M	IS, etc.):		Institution:			Year:_		
		· 							
Request for admission to ca	andidacy for the								
Maior:		Γ	enartment:	Degree					
Major: This degree is expected to b	e completed at	the end of:	eparament	Year:	Thesis required	l or nonthe	sis option?		
Description of nonthesis op	tion if permitte	d:							
Proposed thesis title: Human Subjects Committee	e Clearance Re	quired? (if Yes,	attach a copy	of approval form):					
If work from another universit			listed below, pl	ease check with Admiss	ions to verify that offi	cial transcrip	ots have been		
evaluated and recorded on the List chronologically work requ			sed degree being	sure to include thesis h	ours in the quarter/se	mester taken	. Graduate w	ork that	
might be counted toward a doc									
	When	Department and	1			Major or	Qtr/Sem]	
Institution	Registered	Course No.	•	Course Title		Allied	Hours	Grade	
U of XXXXXXX	Sem 1999	Acct-XXXX		Example Course T	itle	Major	3	A	
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The program of study as ou	tlined has been	approved by the	e annlicant's	sunervisory commi	ttee listed below:				
The program of stady as ou				-		For use	of Graduate S	School	
Name: Signature:					Total hours				
Chairperson Name: Signature:						Thesis			
Name:		S	ignature:						
This program of study fulfi	lls departmenta	1 requirements:				For use	For use of Registrar		
		4 year time limit							
Name: Signature: Departmental Chairperson/Graduate Studies Director Date							Residence (all but 8 hrs)		
Departmental Chairper	son/Graduate Stu	dies Director			Date		3.0 GPA	d	
Application approved by: Date:							Registered cur	rentiy	
Approved for graduation by	J:			Date:					
Trproved for graduation by	,			Date					

After all required department signatures are obtained, please return the form to the Graduate Student Coordinator.

Full legal name:			UofU ID#:			
_	Last	First	Middle			

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