

Application for a Masters and Doctoral Degree



Current Mailing Address

Please note that address information may be used to update our records.
ALL FIELDS REQUIRED.

Name _____		
Street Address _____		
City _____	State _____	Zip Code _____

CSU ID #: _____

Contact Telephone
Number: _____

E-mail: _____

Check the semester/year at the end of
which you intend to graduate:

Fall _____

Spring _____

Summer _____

- Degree You Will Receive:** 4 + 1 program
- Master of Arts in _____
 - Master of Science in _____
 - Master of Applied Comm. Theory & Methodology
 - Master of Music
 - Master of Fine Arts in Creative Writing
 - Master of Social Work
 - Psychology Specialist
 - Master of Public Administration
 - Master of Urban Planning, Design & Dev.
 - Doctor of Philosophy in _____
 - Doctor of Business Administration

- Master of Accountancy Taxation Accounting/Audit
- Master of Business Administration
- Master of Computer & Information Sc.
- Master of Labor Rel. & Human Resources
- Master of Nonprofit Administration & Leadership
- Master of Public Health
- Master of Education in _____
- Educational Specialist
- Master of Occupational Therapy
- Doctor of Physical Therapy
- Doctor of Engineering

Title of Dissertation _____

Signature _____ Date _____

• FOR OFFICE USE ONLY •

TO BE COMPLETED BY DEPARTMENT CHAIRMAN

Total Hours Required for Degree _____

Hours Earned at CSU Applicable Toward Degree _____

Transfer Hours Applicable Toward Degree _____

Courses to be applied from previous graduate
or undergraduate degree completed at CSU
(e.g. 4 + 1 programs) _____

Hours in Progress (Including "T" grades) _____

Hours To Be Completed _____

National Certification Exam Required Yes No

Language Required for Degree Yes No

Thesis Required for Degree Yes No

Comprehensive Exam Required for Degree Yes No

TO BE COMPLETED BY REGISTRAR'S OFFICE

Residence Requirement (16 hours) _____

Grade Point Average (3.00 required) _____

Transfer Hours _____

Number of "C" Grades (8 hour maximum) _____

Number of "F" Grades _____

400 Level Courses (8 hour maximum) _____

Registrar's Approval _____ Date _____

Comments: (Courses needed to complete) _____

Date Comprehensive Exam To Be Taken _____

Department Chairperson's Approval _____ Date _____

Dean of Graduate Studies _____ Date _____