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 Program
(Due at least 2 months preceding semester of graduation)

Date: _____

Full legal name: _____ UoU ID#: _____
Last First Middle

Present Address: _____ Telephone: _____
Street City Zip Hometown: _____
(used 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: _____
Department

Major: _____
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 approval 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 XXXXXXXXXX	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 commit listed below:

Name: _____ Signature: _____
Chairperson
Name: _____ Signature: _____
Name: _____ Signature: _____

This program of study fulfills departmental requirements:
Name: _____ Signature: _____
Departmental Chairperson/Graduate Studies Director Date

Application approved by: _____ Date: _____
Dean of the Graduate School

Approved for graduation by: _____ Date: _____
Dean of the Graduate School

After all required departmental signatures are obtained,
please MAIL original & 4 copies directly to Graduate Records (Bldg. 44 Rm. 224).

For use of Graduate School
- ☐ 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 XXXXXXXXXX	Sem, 1999	Acctg - XXXX	Example Course Title	Major	3	A
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