

APPLICATION FOR CANDIDACY FOR MASTER OF SCIENCE
IN THE FIELD OF BIOMEDICAL SCIENCES

Students must obtain required signatures before filing application. Candidates must be registered or using filing fee in quarter in which the degree is to be awarded.

NAME Mr./Ms. SID
Print Name as It Appears on Official Record (First, Middle, Last)

PRESENT ADDRESS:

FUTURE ADDRESS: as of:

DEGREES RECEIVED (Dates/Institutions/Locations):

EXPECTED DEGREE DATE: December 20; March 20; June 20; August/Sept. 20

STUDENT SIGNATURE

By signing this application, I give UCR permission to publish my name and degree information in official campus Commencement publications. I do not wish to have my name and degree information published in official campus Commencement publications.

Indicate whether completing degree requirements under category A or B below.

A. Plan I (Thesis) - TITLE OF THESIS

THESIS COMMITTEE RECOMMENDATIONS (Attach memo of support for Non-Academic Senate members):

1. (Chair) 2. 3.

Approved for plan and title of thesis: Committee Chair

B. Plan II (Comprehensive Exam)

Indicate Date of Exam and Results if known: passed failed

Do Not Write Below This Line

Residence (3qtrs) GPA

Requirements to be Completed Prior to Degree Conferral:

Table with 4 columns: Category, 100, 200, Total. Rows include Courses Required, Completed, in Progress, To Be Completed, Date Thesis Filed, and Advancement Date.

