

APPLICATION FOR CANDIDACY FOR MASTER OF ARTS
IN THE FIELD OF EDUCATION (School Psychology)

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.

A. _____ Plan I (Thesis) - TITLE OF THESIS _____

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

1. _____ 2. _____ 3. _____
(Chair)

Approved for plan and title of thesis: _____
Committee Chair Signature

Do Not Write Below This Line

Residence (3qtrs) _____ GPA _____

Requirements to be Completed
Prior to Degree Conferral:

Courses Required:	100	200	24	Total	36
Courses Completed:	100	200		Total	
Courses in Progress:	100	200		Total	
To Be Completed:	100	200		Total	

Date Defense Passed: _____

Date Thesis Filed: _____

Advancement Date: _____

