

APPLICATION FOR CANDIDACY FOR MASTER OF ARTS  
IN THE FIELD OF EDUCATION

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:

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

Date Thesis Filed: \_\_\_\_\_

Advancement Date: \_\_\_\_\_

