

APPLICATION FOR CANDIDACY FOR MASTER OF EDUCATION
IN THE FIELD OF EDUCATION
(Special Education Emphasis)

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 (Quarter/Year): Fall 20 _____; Winter 20 _____; Spring 20 _____; Summer 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.

Plan II – Analytical Report

Date Analytical Case Study Report Submitted and Approved (mm/dd/yy): _____

Do Not Write Below This Line

Residence (3qtrs) _____ GPA _____

Requirements to be Completed
Prior to Degree Conferral:

Analytical Report (Date Filed) _____

	200 Level	Total
Courses Required	24	36
Courses Completed		
Courses in Progress		
To Be Completed		

Advancement Date: _____

I. Admission Deficiencies (if any were present at time of admission, please indicate how they were met): _____

II. Course Work: A total of 36 units are required, at least 24 of which must be graduate (200) level courses. Twelve units may be in selected upper-division (100) courses required for the Special Education Credential taken during the credential year. Two of the required courses must be taken during summer sessions.

A. List all upper division course work (100 series) completed or to be completed which are applicable to the master's degree:

Course	Grade	Units	Quarter

B. List all graduate level course work (200) series completed or to be completed which are applicable to the master's degree:

Course	Grade	Units	Quarter

Total Units: _____

Graduate Advisor's Signature

Date