

APPLICATION FOR CANDIDACY FOR MASTER OF SCIENCE  
IN THE FIELD OF MICROBIOLOGY

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.

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

**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 Thesis Filed: \_\_\_\_\_

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

