

APPLICATION FOR CANDIDACY FOR MASTER OF SCIENCE  
IN THE FIELD OF PLANT PATHOLOGY

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:	<u>100</u>	<u>200</u>	<u>Total</u>	<u>36</u>
Courses Completed:	<u>100</u>	<u>200</u>	<u>Total</u>	
Courses in Progress:	<u>100</u>	<u>200</u>	<u>Total</u>	
To Be Completed:	<u>100</u>	<u>200</u>	<u>Total</u>	

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

Comps Date/Results: \_\_\_\_\_  passed  failed

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

