

APPLICATION FOR CANDIDACY FOR MASTER OF ARTS
IN THE FIELD OF RELIGIOUS STUDIES

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 II (Comprehensive Exam)

Indicate Date of Exam and Results if known: _____ [] passed [] failed
_____ [] passed [] failed
_____ [] passed [] failed

Do Not Write Below This Line

Residence (3qtrs) _____ GPA _____

Requirements to be Completed Prior to Degree Conferral:

Table with 4 columns: Courses Required, Courses Completed, Courses in Progress, To Be Completed. Rows include counts for 100, 200, 18, and Total 36.

Comps Date/Results: _____ [] passed [] failed

Advancement Date: _____

