

APPLICATION FOR CANDIDACY FOR MASTER OF ARTS
IN THE FIELD OF CLASSICS (Tri-Campus Program)

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 Exams)

Indicate Date of Exams and Results if known:

Written Exam _____ () passed () failed
Written Exam _____ () passed () failed
Written Exam _____ () passed () failed

Do Not Write Below This Line

Residence (3qtrs) _____ GPA _____

Requirements to be Completed
Prior to Degree Conferral:

Courses Required:	100	200	Total	50
Courses Completed:	100	200	Total	
Courses in Progress:	100	200	Total	
To Be Completed:	100	200	Total	

Advancement Date: _____

