SLIPPERY ROCK UNIVERSITY OF PENNSYLVANIA

Application for Admission to Degree Candidacy for the Master's Degree

Date_____

Name_____ **Social Security/ID#**_____

Address _____
(Street) **(City)** **(State)** **(Zip)**

Phone Number: (_____)_____

Degree: _____ M.Ed. _____ M.A. _____ M.S. _____ Certification Only

in _____ **# of credits required for degree: _____**
Degree Program Name

___ Thesis ___ Non-thesis **Comprehensive Requirement? ___ Yes ___ No**

I. Graduate Courses completed at Slippery Rock:

Course Prefix	Course #	Course Title	# of Credits	Grade Rec'd	Semester/Year

II. Graduate Courses now being completed: **Semester:** _____

Course Prefix	Course #	Course Title	# of Credits

III. Additional Courses that will be completed to meet degree requirements:

Course Prefix	Course #	Course Title	# of Credits

IV. I have completed the following graduate course(s) at _____
(College/University)

Do you intend to request transfer of any of these credits? _____ Yes _____ No

Course Title at Attending Institution	Comparable SRU Course Prefix	Comparable SRU Course #	Comparable SRU Course Title	Transferable # of Credits

Signature of Student: _____ Date_____

**When completed, this application is to be submitted to your advisor. **

Degree: ___ M.Ed. ___ M.A. ___ M.S. ___ Cert. Only # of credits <u>required</u> for degree: _____

_____ Approved _____ Not Approved

Advisor's Signature: _____ Date _____

_____ Approved _____ Not Approved

Coordinator's Signature: _____ Date_____

_____ Approved _____ Not Approved

Academic Dean's Signature: _____ Date_____

When completed (with dates & signatures) the deans should send copies to:
Office of Graduate Admissions and the
Student's Graduate Coordinator

The Dean should retain the original. ***08/05***