Millersville University

Office of Graduate Studies and Research

Application for Admission to Degree Candidacy

This form is to be used by master's degree students seeking to advance to degree candidacy. As outlined in full in the Graduate Catalog, it is the student's responsibility to initiate the candidacy review process by applying to their respective department within the required semester-hour limitation.

_____	_____
Student's Name	Student I.D. Number
_____	_____
Current Home Address	City/State/ZIP
_____	_____
Email Address	Telephone

I have completed _____ semester hours of work in my field of specialization (not including courses in progress this semester).

Degree sought _____

_____

To be completed by Department

The above named student has applied for degree candidacy on _____(date) in the

_____ (program/degree option) graduate program.

The Department recommends the following action:

_____ 1. Grant admission to degree candidacy.

_____ 2. Grant conditional admission (please explain condition.)

_____ 3. Deny admission to degree candidacy.

_____	_____
Adviser's Signature	Date

I concur with this recommendation regarding degree candidacy as indicated above.

_____	_____
Graduate Program Coordinator's Signature	Date

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Degree Candidacy is ☐ Approved ☐ Not Approved.

_____	_____
Graduate Dean's Signature	Date

6/07 Distribution: Graduate Office/Original - Adviser's Copy - Student's Copy

Date Recorded on Banner _____