APPLICATION FOR THE MASTER'S DEGREE

Instructions: Please complete the top portion of this form and submit the entire application to your Department Assistant by the deadline date listed in the Academic Calendar. After review, your Department will forward the application to the Division of Graduate Studies. If you do not complete all the requirements for the degree by the deadline date, a new application must be filed the quarter you will complete. Please use your name as it appears in University records.

Terminal degree candidates: A \$25 Masters degree completion fee will be charged to your student account.

Last Name	First	Middle		Department/Program Name	
Candidate for (choose MA, MS or MFA)	degree	Term:	Year		
Student I.D. Number:				Yes/No not continuing at UCSC)	
Email address:					
Student Signature				Date	
(CERTIFICA	TION BY THE	DEPARTM	ENT	
Reviewed by Department	Assistant:				
Is this student continuing	in the Ph.D. pr	ogram?	Yes	No	
Plan I Thesis track For theses submitted to th		vision only			
This is to certify that all the upon submission of the approximately the submission of the approximately the submission of the submission			been met and th	e degree may be conferred	
Signed: Graduate F	Representative	or		Date	
Plan II Comprehen	nsive examinat	ion or project			
This is to certify that all reconferred effective the last				d the Master's degree may be	
Signed:					
Graduate H			Date		