## **SLIPPERY ROCK UNIVERSITY OF PENNSYLVANIA**

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

	Date							
Name				Student's Banner ID #				
Address(Street)			(City)	(St	ate)	(Zip)		
Phone Numb	oer: ()	)						
Degree:	M.Ed.	M.A.	M.S	Certification	Only			
	egree Prog	ıram Name		# of credi	ts <u>required</u> fo	r degree:		
Thesis	Non-th	esis	C	Comprehensive Re	quirement? _	Yes No		
I. Gradı	uate Cours	es completed	at Slippery Rock		One de Beerld	Semester/Year		
Course Prefix	Course #		Course Title	# of Credits	Grade Rec d	Semester/Year		
II. Grad	uate Cour	ses now bei	ing completed:	Se	emester:			
Course Prefix	Course #		Cour	# of Credits				

		s that will be com		degree requirements:	# of Credits				
Course Prefix	Course #		Course Title						
	+								
IV. I have completed the following graduate course(s) at									
(College/Univers									
Do yo	u intend to re	equest transfer of	f any of these c	redits? Yes No					
Course Title at Attending		Comparable SRU		Comparable SRU	Transferable #				
Institu	ution	Course Prefix	SRU Course #	Course Title	of Credits				
Signature of	Student:			Date					
**Wher	n complete	ed, this applic	ation is to b	e submitted to your a	dvisor. **				
		,			<del>_</del>				
Dograc:	MEA M	V W6	Cart Only	# of credits required for de	ograa:				
Degree	ıvı.⊑u IVI.	.A IVI.S	Cert. Offig	# Of Credits <u>required</u> for de	egiee				
Ann	royad	No.4	Approved						
Approved Not Approved									
Advisor's Signature: Date									
`	-								
aqA	roved	Not	Approved						
Coordinator's Signature: Date									
-			•						
App	roved	Not	Approved						
Academic Dean's Signature: Date									

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