

# GRADUATE COLLEGE

UNIVERSITY OF OKLAHOMA

HEALTH SCIENCES CENTER



## ADMISSION TO CANDIDACY

Note: This form must be filed in the office of the Dean of the Graduate College no later than the end of the fourth week of the student's last semester. For due date, see Calendar Dates appearing in the CLASS SCHEDULE for this semester. Pages one and two of this form must be completely filled out by the applicant.

Date \_\_\_\_\_

I hereby petition the Graduate College to be admitted to candidacy for the degree of Master of Science in \_\_\_\_\_

I desire to complete my work for this degree and to take my examination.

(Note: Fill out whichever statement below applies to your case.)

The exact title of my thesis is: \_\_\_\_\_

I am following the non-thesis program in \_\_\_\_\_

Name of the Candidate (Please Print) \_\_\_\_\_

Current Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

We are satisfied with the present state of progress of the applicant and believe this student to be capable of completing graduate work leading to the master's degree. We approve of the course of study as outlined and recommend that the student be admitted to candidacy for the degree.

Committee Member's Name (Typed)	Committee Member	Committee Member's Signature
	Committee Chair	

# PROGRAM OF GRADUATE WORK

## To Fulfill the Requirements of the Master's Degree

Name \_\_\_\_\_

I.D. \_\_\_\_\_

**Any deviation from the "Outline of Graduate Work for the Master of Science degree" already filed with the Graduate College must be explained in writing.**

**I. Courses taken to meet Requirements for Full Graduate Standing (Deficiencies).**

Department (See A Below)	Course No.	Name of Course (See B below)	Hours Credit	Grade (See C below)	Date (See D below)	How Taken (See E below)

**II. Graduate Work in the Major Discipline (List Name of Department)**

Department (See A Below)	Course No.	Name of Course (See B below)	Hours Credit	Grade (See C below)	Date (See D below)	How Taken (See E below)

**III. Graduate Work in Other Subjects**

Department (See A Below)	Course No.	Name of Course (See B below)	Hours Credit	Grade (See C below)	Date (See D below)	How Taken (See E below)

**IV. Give a statement covering all petitions which have been granted, or special privileges which have been extended to you, since admission to the Graduate College. Attach a separate page, if necessary.**

**Attach separate document to support approval from Graduate Program.**

- NOTE A: Use departmental designations as given in the Bulletin of the Graduate College or on official transcripts. For example, BMSC 5001, BSE 5163
  - NOTE B: Use name of course as given in the Graduate Bulletin or on Official transcripts.
  - NOTE C: Grades must correspond with official transcripts as of the date of filing this application. (Grades for courses in progress are to be left blank.)
  - NOTE D: Indicate dates as follows: FA15 indicates the Fall 2015 semester; SP15 indicates the Spring 2015 semester; SU15 indicates the Summer 2015 term.
  - NOTE E: Use these symbols to indicate How Take: R - Residence; E - Extension; T - Transferred from another institution. (For transferred credit, give the name of the institution.)
- \*If additional space is needed, attach a separate sheet.