

# Application for Advanced Degree

**INSTRUCTIONS:** Please type all the information and print the form. Send the original copy with required signatures to the Office of Graduate and Professional Education. (Form revised: April 2008)

SECTION 1: Student Information			
STUDENT NAME (Type name exactly as it should appear on your diploma – first name, middle name or initial, last name. Indicate capitalization and special punctuation.)			GRADUATION YEAR 20____ MONTH <input type="checkbox"/> AUGUST <input type="checkbox"/> FEBRUARY <input type="checkbox"/> DECEMBER <input type="checkbox"/> MAY
STUDENT ID #	EMAIL	MAJOR	CONCENTRATION
DO YOU PLAN TO CONTINUE IN ANOTHER DEGREE PROGRAM NEXT SEMESTER AT THE UNIVERSITY OF DELAWARE? <input type="checkbox"/> NO <input type="checkbox"/> YES (If Yes, Please specify Major _____ <input type="checkbox"/> MASTER'S <input type="checkbox"/> DOCTORAL)			TELEPHONE NUMBER
ADDRESS FOR LETTER OF DEGREE CLEARANCE AND DIPLOMA (may not be a Departmental Address)		CITY, STATE, ZIP CODE	

SECTION 2: List all degrees earned prior to this degree			
DEGREE (ABBREVIATION)	DEGREE GRANTING INSTITUTION (FULL TITLE)	STATE IN WHICH INST. LOCATED	DATE AWARDED

SECTION 3: Identify Degree and Degree Requirements (Please check all items that apply)			
DEGREE		DEGREE REQUIREMENTS	
<input type="checkbox"/> MAS <input type="checkbox"/> MA <input type="checkbox"/> MBA <input type="checkbox"/> MBA/MA <input type="checkbox"/> MBA/MS <input type="checkbox"/> MCHE <input type="checkbox"/> MCE <input type="checkbox"/> MEd <input type="checkbox"/> MEEP <input type="checkbox"/> MEM <input type="checkbox"/> MFA <input type="checkbox"/> MI	Master of Applied Science Master of Arts Master of Business Administration Master of Bus. Admin. /Master of Arts Master of Bus. Admin. /Master of Sc. Master of Chemical Engineering Master of Civil Engineering Master of Education Master of Energy & Environmental Policy Master of Engineering: Mechanical Master of Fine Arts Master of Instruction	<input type="checkbox"/> MM <input type="checkbox"/> MMM <input type="checkbox"/> MMP <input type="checkbox"/> MMSE <input type="checkbox"/> MPA <input type="checkbox"/> MS <input type="checkbox"/> MSME <input type="checkbox"/> MSN <input type="checkbox"/> PhD <input type="checkbox"/> EdD <input type="checkbox"/> DPT <input type="checkbox"/> EdS	Master of Music Master of Marine Management Master of Marine Policy Master of Materials Sc. & Eg. Master of Public Administration Master of Science Master of Science in Mech. Eg. Master of Science in Nursing Doctor of Philosophy Doctor of Education Doctor of Physical Therapy Education Specialist
COLLEGE: _____		<input type="checkbox"/> Master's Thesis <input type="checkbox"/> Dissertation/Exec. Position Paper <input type="checkbox"/> Non -Thesis Option <input type="checkbox"/> Research Paper <input type="checkbox"/> Comprehensive Exam <input type="checkbox"/> Language Exam <input type="checkbox"/> Colloquium <input type="checkbox"/> Portfolio <input type="checkbox"/> Exposition <input type="checkbox"/> Internship <input type="checkbox"/> Defense <input type="checkbox"/> Animal/Human Subjects Board Approval <input type="checkbox"/> Other _____	

SECTION 4: List all courses claimed for your degree (*Office of Graduate and Professional Education will record grades for course(s) with current enrollment)									
COURSE NUMBER	CREDIT HOURS	GRADE*	COURSE NUMBER	CREDIT HOURS	GRADE*	COURSE NUMBER	CREDIT HOURS	GRADE*	
<b>Total Credit Hours Required For Degree</b>							<b>0.00</b>		

SECTION 5: Required Signatures			
ADVISER _____	DATE _____	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
DEPARTMENT CHAIR _____	DATE _____	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
FOR OFFICE USE ONLY:			
OFFICE OF GRADUATE AND PROFESSIONAL EDUCATION _____	<input type="checkbox"/> APPROVED FOR DEGREE	DATE RECORDED _____	
	<input type="checkbox"/> NOT APPROVED FOR DEGREE		