UNIVERSITY of NEW ORLEANS

Application for Candidacy – Master's Degree

Submit typed original and one copy

Name		Student ID	
Program		Degree	
Anticipated Graduation Date		Sem/Yr Plan of Study Began	

List only those courses that are needed to fulfill your program degree requirements and will be completed within the required time limit.

Graduate Courses					Graduate Courses				
Prefix	Course #	Hours	Sem/Yr	Grade	Prefix	Course #	Hours	Sem/Yr	Grade

Special Conditions (if applicable)	

Date Language Completed	Language Satisfied By	Thesis Option	Non-Thesis Option

Thesis Committee			
Major Professor		Committee Member	
Committee Member		Committee Member	

I understand that I must complete the plan listed above in order to fulfill the requirements for my graduate degree. Any changes to the above plan must be approved in writing by the major program and the Graduate School.

_____ _____

Signature of Applicant Date Major Professor Date

_____ _____

Graduate Coordinator Date Department Chair Date

Graduate School Approval		
Dean of the Graduate School*		
		Date

* for students in the College of Business and the College of Education this signature is provided by the Dean of the College