



ADVANCED DEGREE: APPLICATION FORM

INSTRUCTIONS: Graduate degrees are awarded in the Fall, Winter, Spring and Summer sessions. To complete the application, list all courses you have been enrolled in, including courses you are currently registered for. As needed, the Graduate College will record the grades for courses not yet graded in the semester of the degree. The deadlines to apply for a degree are September 15 (Fall), December 15 (Winter), February 15 (Spring) and March 10 (Summer). If applying for reduced credit load, complete this form before the free drop/add period ends. After the signatures are acquired, submit this application along with the payment receipt as an attachment to GradStudentForms@udel.edu. Use the form at commerce.cashnet.com/UD-GPE to pay your degree application fee by online check (ACH). (Master's Degree Fee: \$50; Doctoral Degree Fee: \$95).

RECEIPT NUMBER: _____

SECTION 1: STUDENT INFORMATION

STUDENT NAME: (Last Name, First Name)		STUDENT ID #:		GRADUATION YEAR: _____	
STUDENT EMAIL:		MAJOR:		MONTH: <input type="checkbox"/> Dec <input type="checkbox"/> Feb <input type="checkbox"/> May <input type="checkbox"/> Aug	
Do you plan to continue in another degree program next semester at UD? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doctoral <input type="checkbox"/> Master's		Please specify the major if you plan on continuing in another degree program. Major: _____ I am applying for <input type="checkbox"/> OPT <input type="checkbox"/> RCL			

SECTION 2: PRIOR DEGREES EARNED: List all degrees earned prior to this degree. If more than two previous degrees, attach a memo.

DEGREE ABBREVIATION:	DEGREE GRANTING INSTITUTION (Full Title):	LOCATION:	DATE AWARDED:
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SECTION 3: IDENTIFY DEGREE TO BE EARNED:

IDENTIFY DEGREE:

<input type="checkbox"/> DNP Doctor of Nursing Practice	<input type="checkbox"/> MM Master of Music
<input type="checkbox"/> DPT Doctor of Physical Therapy	<input type="checkbox"/> MMP Master of Marine Policy
<input type="checkbox"/> EdD Doctor of Educational Leadership	<input type="checkbox"/> MMSE Master of Materials Sc. & Engineering
<input type="checkbox"/> EdS Education Specialist	<input type="checkbox"/> MPA Master of Public Administration
<input type="checkbox"/> MA Master of Arts	<input type="checkbox"/> MPH Master of Public Health
<input type="checkbox"/> MAS Master of Applied Sciences	<input type="checkbox"/> MPP Master of Public Policy
<input type="checkbox"/> MBA Master of Business Administration	<input type="checkbox"/> MS Master of Science
<input type="checkbox"/> MCHE Master of Chemical Engineering	<input type="checkbox"/> MSME Master of Science in Mech. Engineering
<input type="checkbox"/> MCE Master of Civil Engineering	<input type="checkbox"/> MSN Master of Science in Nursing
<input type="checkbox"/> MEd Master of Education	<input type="checkbox"/> PSM Professional Science Masters
<input type="checkbox"/> MEEP Master of Energy & Envir. Policy	<input type="checkbox"/> PhD Doctor of Philosophy
<input type="checkbox"/> MFA Master of Fine Arts	

SECTION 4: DEGREE REQUIREMENTS

IDENTIFY DEGREE REQUIREMENTS:

<input type="checkbox"/> Master's Thesis
<input type="checkbox"/> Dissertation/Education Leadership Portfolio
<input type="checkbox"/> Non-Thesis Option
<input type="checkbox"/> Research Paper
<input type="checkbox"/> Comprehensive Exam
<input type="checkbox"/> Language Exam
<input type="checkbox"/> Teaching Requirement for Degree
<input type="checkbox"/> Praxis Score
<input type="checkbox"/> Exposition or Recital
<input type="checkbox"/> Internship
<input type="checkbox"/> Defense
<input type="checkbox"/> Completing Dual Degree
<input type="checkbox"/> Other: _____

SECTION 5: LIST ALL COURSES AND TRANSFERRED COURSES CLAIMED FOR THIS DEGREE: (Graded or NOT Graded).

YEAR/TERM	COURSE #	GR	CR	YEAR/TERM	COURSE #	GR	CR	YEAR/TERM	COURSE #	GR	CR

SECTION 6: SIGNATURES FOR APPROVAL

_____ ADVISOR SIGNATURE	_____ DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
_____ GRADUATE PROGRAM SIGNATURE	_____ DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
_____ DEPARTMENT CHAIR/DIRECTOR SIGNATURE	_____ DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED

FOR OFFICE USE ONLY

_____ GRADUATE COLLEGE	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	_____ DATE RECORDED
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