East Central UNIVERSITY

APPLICATION FOR ADMISSION TO CANDIDACY FOR MASTER'S DEGREE

SUBMIT **ONE** COPY TO THE GRADUATE OFFICE **THROUGH** THE GRADUATE ADVISOR **NO LATER THAN THE END OF THE SECOND WEEK OF THE SEMESTER OR TERM IN WHICH 22 HOURS** WILL BE COMPLETED.

_____ _____ _____

LAST NAME FIRST NAME OTHERS

DATE _____ ID# _____ SSN#_____

PRESENT HOME ADDRESS	PERMANENT ADDRESS	TELEPHONE:
		HOME:
		OTHER:

DEGREE (CHECK ONE)

[ ] **MASTER OF SCIENCE IN ACCOUNTING**

[ ] **MASTER OF EDUCATION**

_____ ELEMENTARY EDUC
_____ READING
_____ SECONDARY EDUC
_____ SPORTS ADMINISTRATION
_____ EDUCATIONAL TECHNOLOGY
_____ ELEMENTARY PRINCIPAL
_____ SECONDARY PRINCIPAL
_____ SCHOOL COUNSELOR
[ ] ELEMENTARY
[ ] SECONDARY
_____ SPECIAL EDUCATION
_____ LIBRARY MEDIA

[ ] **MASTER OF SCIENCE IN HUMAN RESOURCES**

_____ HUMAN RESOURCES
[ ] HUMAN SERVICES
[ ] ADMINISTRATION
_____ COUNSELING
_____ REHABILITATION COUNSELING
_____ CRIMINAL JUSTICE

[ ] **MASTER OF SCIENCE IN PSYCHOLOGICAL SERVICES**

UNIVERSITY CONFERRING BACHELOR'SDEGREE _____
MAJOR(S) _____ MINOR(S) _____

GRADUATE TRANSFER WORK

FROM (COLLEGE OR UNIVERSITY) _____

***************LIST ALL TRANSFER WORK BELOW AND AGAIN ON BACK OF SHEET.**************

DEPT	COURSE NO	NAME OF COURSE	GRADE	SEM HRS	SEM/YEAR COMPLETED

PROGRAM OF GRADUATE STUDY

ADVISOR MUST APPROVE PROGRAM BEFORE SUBMITTING TO GRADUATE OFFICE. **LIST ALL COURSES COMPLETED, COURSES IN WHICH YOU ARE CURRENTLY ENROLLED AND THOSE YOU PLAN TO TAKE TO FINISH YOUR DEGREE. INCLUDE ALL TRANSFER WORK** SHOWN ON THE REVERSE SIDE.

Semester Completed	Semester Planned	Dept	Course No.	**Course Title** LIST TRANSFER WORK ON THIS SIDE ALSO	Grade	Hours

Candidate's Signature **Advisor's Signature**

Graduate Dean's Signature _____ Date _____