

**UNIVERSITY OF COLORADO DENVER  
ANSCHUTZ MEDICAL CAMPUS GRADUATE SCHOOL**

**Application for Graduation for the M.S., M.S.C.S., or M.S.P.H. Degree**

This application is to be completed by the student, recommended by the appropriate designated faculty and submitted to the Graduate School by the published deadline or one month prior to the comprehensive final exam, **whichever comes first.**

GRADUATE SCHOOL USE ONLY	
Approved _____	Card _____
Exam Date _____	Pass _____
Registered for Exam _____	
Transfer Hours _____	
Total Hours _____	
Thesis _____	Hours _____ Grade _____

Name as shown on University records \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle Student No. \_\_\_\_\_  
Present mailing address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Street City State Zip  
Permanent mailing address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Street City State Zip  
Permanent mailing address effective date \_\_\_\_\_ Email \_\_\_\_\_  
Major Field \_\_\_\_\_

Degree plan (check one): Plan I (thesis) \_\_\_\_\_ Plan II (non-thesis) \_\_\_\_\_  
(Note: Any change in degree plan must be reported immediately to the Graduate School)

Approximate date on which degree is to be conferred \_\_\_\_\_  
Final Exam Committee: Chair \_\_\_\_\_  
Other members \_\_\_\_\_

\_\_\_\_\_  
Student (signature) Student (type or print name)

**THIS SECTION SHOULD BE COMPLETED BY THE STUDENT'S GRADUATE PROGRAM**

The admission of \_\_\_\_\_ to candidacy for the degree Master of Science is  
Name of Candidate  
recommended by \_\_\_\_\_ upon completion of the minimum requirements of  
Academic Unit  
\_\_\_\_\_ semester hours. The courses listed on the reverse have been approved for use toward the degree.

\_\_\_\_\_  
Major Advisor (signature) Major Advisor (type or print name)

\_\_\_\_\_  
Head, Dept/School (signature) Head, Dept/School (type or print name)

RETURN TO: GRADUATE SCHOOL BOX C296

APPROVED: \_\_\_\_\_  
Fran Osterberg  
Assistant Dean

