

APPLICATION FOR CANDIDACY FOR MASTER OF SCIENCE
IN THE FIELD OF ENTOMOLOGY
(Thesis Plan)

Students must obtain required signatures before filing application. Candidates must be registered or using filing fee in quarter in which the degree is to be awarded.

NAME Mr./Ms. _____ SID _____
Print Name as It Appears on Official Record (First, Middle, Last)

PRESENT ADDRESS: _____

FUTURE ADDRESS: _____ as of: _____

DEGREES RECEIVED (Dates/Institutions/Locations): _____

EXPECTED DEGREE DATE: December 20 _____; March 20 _____; June 20 _____; August/Sept. 20 _____

STUDENT SIGNATURE _____

By signing this application, I give UCR permission to publish my name and degree information in official campus Commencement publications. [] I do not wish to have my name and degree information published in official campus Commencement publications.

Plan I (Thesis) - TITLE OF THESIS _____

THESIS COMMITTEE RECOMMENDATIONS (Attach memo of support for Non-Academic Senate members):

1. _____ 2. _____ 3. _____
(Chair)

Approved for plan and title of thesis: _____
Committee Chair

Seminar Requirement (final oral exam):
Indicate date presented or to be presented: _____

Presentation of ten minute report at annual conference:
Indicate date presented or to be presented: _____

Do Not Write Below This Line

Residence (3qtrs) _____ GPA _____

Requirements to be Completed
Prior to Degree Conferral:

Table with 4 columns: Course Type, 100, 200, 24, Total, 36. Rows include Courses Required, Completed, in Progress, and To Be Completed.

Oral Defense of Thesis Date: _____ () passed () failed
Date Thesis Filed: _____
Advancement Date: _____

