

ADMISSION to CANDIDACY

I hereby petition the Graduate College to be admitted to candidacy for the degree of **MASTER of SCIENCE in PROFESSIONAL METEOROLOGY.**

Name of Candidate

Local Address

City/State/ZIP

Telephone/E-mail

*I desire to take my examination or defend my thesis in:

FALL ____ SPRING ____ SUMMER ____
(Indicate Semester and Year)

*I desire to graduate in:

FALL ____ SPRING ____ SUMMER ____
(Indicate Semester and Year)

***Note:** An Authority for the Comprehensive Examination must be requested by the department at least one week prior to the exam, while the Authority for Thesis Defense must be requested by the student at last one week prior to the defense. The appropriate form(s) must be approved by the Graduate College Dean prior to the examination or defense.

Please check the applicable statements:

- Non-Thesis Master's Degree.** Please check one of the following two options:
 - I will take a uniform departmental comprehensive examination
 - I will take a non-uniform departmental comprehensive examination
 - I will present a professional project/portfolio/paper/exhibit
- Non-Thesis Master's Degree** while enrolled in the doctoral program on basis of the Doctoral General Examination.
- Non-Thesis Master's Degree** while enrolled in the doctoral program on basis of Comprehensive Examination.

Committee members for the NON-THESIS master's degree are the following:

(Chair) _____



I understand that graduation will not occur until the semester in which I have satisfied all degree requirements including all course requirements, hour requirements and payment of all tuition and fees. By my signature below, I also confirm that I have read the Graduate College Bulletin and understand all the non-departmental requirements for the degree.

Signature of Student

Date

I am satisfied with the present state of progress of the applicant and believe this student to be capable of completing graduate work leading to the master's degree. I approve of the course of study as outlined and recommend that the student be admitted to candidacy for the degree.

Signature of Graduate Liaison

Date

Important Graduation Reminder: Each candidate is responsible for filing a separate *Application for Graduation* form in the Office of Academic Records. The *Application for Graduation* must be filed by October 1 (for fall graduates), March 1 (for spring graduates), and July 1 (for summer graduates).

FOR GRADUATE COLLEGE/GRADUATE LIAISON USE ONLY:

Date Checked: ____ / ____ / ____

Timeline Begins: ____

Hours Required: ____

Requirements: OK ____ Problem ____