

PROGRAM OF GRADUATE WORK

To Fulfill the Requirements for the Master's Degree

NAME _____ I.D. NUMBER _____

Any deviation from the "Outline of Graduate Work" must be explained in writing.

I. Course Work in the Major Discipline (List Name of Department) _____

Department (See A Below)	Course No.	Name of Course (See B below)	Hours Credit (See C Below)	Grade (See D Below)	Date	How Taken (See E Below)
-----------------------------	------------	---------------------------------	-------------------------------	------------------------	------	----------------------------

II. Course Work in Other Subjects

Department (See A Below)	Course No.	Name of Course (See B below)	Hours Credit (See C Below)	Grade (See D Below)	Date	How Taken (See E Below)
-----------------------------	------------	---------------------------------	-------------------------------	------------------------	------	----------------------------

NOTE A: Use departmental designations as given in the Bulletin or on official transcripts. For example, BSE 5113

NOTE B: Use name of course as given in the Bulletin or on official transcripts.

NOTE C: Grades must correspond with official transcripts as of the date of filing this application. (Grades for courses in progress are to be left blank.)

NOTE D: Indicate dates as follows: FA 02 indicates the Fall 2002 semester; SP 02 indicates the Spring 2002 semester; SU 02 indicates the Summer 2002 semester.

Note E: Use these symbols to indicate How Taken: R-Residence; T-Transferred from another institution. For transferred credit, give the name of the institution. Official transcripts must be submitted to the Office of Admissions and Records.

COLLEGE OF PUBLIC HEALTH
UNIVERSITY OF OKLAHOMA

ADMISSION TO CANDIDACY FORM

Note: This form must be filed in the Office of Student Services no later than the end of the fourth week of the student's last semester. For due date, see Calendar Dates appearing in the CLASS SCHEDULE for this semester. Pages 1 and 2 of this form must be completely filled out by the applicant.

Date: _____

I hereby petition the College of Public Health to be admitted to candidacy for the degree of Master of _____.

I desire to complete my work for this degree and to present my presentation and take my examination on: _____
Date and time

Student's Name _____

Address _____

Address _____

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

**Graduate Advisory Committee Members
(type name of member under each line)**