



**GRADUATE STUDENT DECLARATION OF CANDIDACY APPLICATION**

Check Type of Degree:

M.A. (Master of Arts)  
 M.A. (Master of Arts in Education)  
 M.S.W. (Master of Social Work)  
 M.A.T. (Master of Arts in Teaching)

M.S. (Master of Science)  
 M.B.A. (Master of Business Administration)  
 M.P.A. (Master of Public Administration)  
 Ed.S. (Specialist in Education)

D.A.H. (Doctor of Arts in Humanities)  
 Ed.D. (Doctor of Education)  
 Ph.D. (Doctor of Arts in Humanities)  
 Ph.D. (Doctor of Philosophy)

Expected date of graduation: \_\_\_\_\_

Major: \_\_\_\_\_

**STUDENT INFORMATION (Please Print Legibly)**

Concentration: \_\_\_\_\_

NAME (As it should appear on your Diploma - Name must be listed in BANNER)		STUDENT ID# 900
CAU EMAIL		ALTERNATE EMAIL
LOCAL ADDRESS		PHONE NUMBER
CITY	STATE	ZIP CODE
DEGREE ADDRESS (If different from Local Address)		
CITY	STATE	ZIP CODE
Thesis/Dissertation Title (As it should appear on the degree):		
Institution from which you received your previous degree(s) Name of College/University:		Degree: Year Conferred:
List higher degree(s) received: Name of College/University:		Degree: Year Conferred:
List higher degree(s) received: Name of College/University:		Degree: Year Conferred:

\_\_\_\_\_  
 Student's Signature Date

**\*\*DO NOT WRITE BELOW THIS LINE: ACADEMIC DEPARTMENT AND REGISTRAR'S OFFICE USE ONLY\*\***

**ACADEMIC INFORMATION PLANNING SCHEDULE (Last three (3) semesters)**

SEMESTER COURSE(S)			SEMESTER COURSE(S)			SEMESTER COURSE(S)		
SUBJECT	COURSE NO.	COURSE TITLE	SUBJECT	COURSE NO.	COURSE TITLE	SUBJECT	COURSE NO.	COURSE TITLE

\_\_\_\_\_  
 Department Chairperson Signature of Department Chairperson Date

**REGISTRAR'S OFFICE USE ONLY:**

TOTAL HOURS COMPLETED \_\_\_\_\_ HOURS OUTSTANDING \_\_\_\_\_ CUM. G.P.A. \_\_\_\_\_ Graduation Fee (\$250) Paid: Yes  No   
 Approved  Pending  Not Approved Signature Registrar's Staff: \_\_\_\_\_ Date: \_\_\_\_\_