CANDIDACY FORM

GRADUATE SCHOOL-NEW BRUNSWICK

Application for the Degree of:

☐ Master of Arts
☐ Master of Arts for Teachers
☐ Master of Science
☐ Master of Science for Teachers
☐ Master of Engineering
☐ Master of Business and Science

PART I.

Name ________________________________

Last First

RUID ________________________________ Graduate Program ________________________________

Local Address ________________________________

Permanent Address ________________________________

Phone (day) ________________________________ (evening) ________________________________

Email ________________________________ Fax ________________________________

Previous degrees received:
Institution ________________________________ Degree ________________________________ Year ________________________________

List courses below:
Course number, Title ________________________________ Term/Year Credits Grade ________________________________

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PART II.

To the student: If you have written a thesis, give its title in Section A; if not, give the title of the essay that satisfied the writing requirement in Section B and obtain the signature of the faculty member who evaluated it. The committee that administered the comprehensive examination should sign in Section C (or D) and the graduate director in Section E.

Please note: Students in programs that have an approved alternative to the comprehensive examination must still solicit signatures in Section C (or D) from the faculty members who have approved their papers or projects. They should not, however, complete Sections A or B.

Section A. Thesis

(Thesis Title)

The candidate's thesis is accepted in partial fulfillment of the requirement for the master's degree.

Signature

Print or type name

(Committee Chairperson)

Date

Section B. Writing Requirement (Non-thesis degree programs)

Students in non-thesis graduate programs must write a satisfactory essay for the master's degree.

(Essay Title)

The candidate has written a satisfactory essay.

Date

(Faculty Examiner)

Section C. Comprehensive Examination or alternative (Successful)

We certify that the candidate passed the comprehensive examination or alternative.

Signature

Print or type name

(Committee Chairperson)

Date

Section D. Comprehensive Examination or alternative (Unsuccessful)

We certify that the candidate did NOT pass the comprehensive examination or alternative.

(Committee Chairperson)

Date

Section E. Graduate Program Director Certification

I certify that the candidate has satisfied all program requirements for the master's degree.

(Graduate Program Director)

Date

CERTIFICATION OF THE DEAN

I report to the graduate faculty that the candidate has completed all the requirements for the master's degree indicated and advise that he/she be recommended to the Board of Governors for this degree.

DEAN

Date