



WAKE FOREST
UNIVERSITY

GRADUATE SCHOOL of
ARTS & SCIENCES

APPLICATION FOR CANDIDACY & STATEMENT OF INTENT
MASTER'S DEGREE THESIS OR PROJECT OPTION

Submit completed form with departmental signatures to: *Graduate School Office, Reynolda Village 118A.* This form must be filed with the Graduate School Office by the deadline listed on the academic calendar.

Name: _____ Student ID: _____
Department: _____ Degree: _____
Semester Entered Graduate School: _____ Concentration: _____
☐ Fall ☐ Spring ☐ Summer 20____ (If Applicable)
Phone number: _____
WFU Email: _____ Personal Email: _____

Examination Committee: (All committee members must be on Graduate Faculty)

Advisor Committee Member Committee Member Committee Member
(If Applicable)

Print your name as you want it to appear on your diploma
First and last name must match student record

Print your hometown as you want it to appear in the Commencement Program

Please mail the diploma to me at the following street address (NO POST OFFICE BOX). Allow 12 weeks for delivery.

AWARDS: Please list any awards which you would like listed in the Hooding & Awards Program. Include the following information: name of award, name of organization and year of award.

I fully expect to complete all the requirements for the _____ degree in time for it to be awarded on _____.
Date

Date Signature of Candidate

DEPARTMENTAL ACTION ON CANDIDACY

Date of Approval Date of Denial Signature of Thesis Advisor

Date of Approval Date of Denial Signature of Program Director

Revised 12/1/2022