



**WAKE FOREST**  
UNIVERSITY

GRADUATE SCHOOL of  
ARTS & SCIENCES

**APPLICATION FOR CANDIDACY & STATEMENT OF INTENT  
MASTER'S DEGREE NON-THESIS OPTION**

**Submit completed form with departmental signatures to:** *Graduate School Office, Reynolda Village 118A.* This form must be filed with the Graduate School Office electronically or in person 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: \_\_\_\_\_

\_\_\_\_\_  
 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 Advisor

\_\_\_\_\_  
 Date of Approval

\_\_\_\_\_  
 Date of Denial

\_\_\_\_\_  
 Signature of Program Director