## 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 by the deadline listed on the academic calendar.

Name:		Department:	
Student ID:		Degree : Semester Entered Graduate School:  Fall Spring Summer 20	
Phone number:			
WFU Email:		Personal Email:	
Print your name as you want First and last name must mate		Print your hometown as you want it to appear in the Commencement	Program
Please mail the diploma t		ess (NO POST OFFICE BOX). Allow 12 weeks for delivery.	
AWARDS: Please list any a		the Heading & Awards Program, Include the following informati	ion: namo
of award, name of organizat	tion and year of award.	the Hooding & Awards Program. Include the following informati	on: name
REGALIA: Regalia will be	ordered based on the following:		
Height	Approx. V	Veight	
I fully expect to complete	e all of the requirements for the _	degree in time for it to be awarded on	<u></u> .
		Dute	
Date	Signature of Candidate		
	<b>D</b> EPARTMENTA	AL ACTION ON CANDIDACY	
Date of Approval	Date of Denial	Signature of Advisor	
Date of Approval		Signature of Program Director	