THE LEADER IN GLOBAL EDUCATION

FAIRLEIGH DICKINSON UNIVERSITY

Declaration of Candidacy for Master's Degree Program
Office of Enrollment Services

College at Florham
285 Madison Avenue, M-MS0-04
Madison, NJ 07940
Phone: (973) 443-8600

Metropolitan Campus
1000 River Road, T-KB1-05
Teaneck, NJ 07666
Phone: (201)692-2214

Important Instructions: By filling out this form you are notifying the college of your intention to graduate. This must be done in advance of fulfilling your requirements. Please make an appointment with your advisor to insure you are on track with meeting all requirements for graduation. Please make sure you review your academic program requirements with your advisor to ensure you have taken all of the courses needed to complete your degree program. Please verify with the Office of Enrollment Services, Records Department to ensure that all transcripts from classes taken elsewhere have been received.

The Commencement Ceremony takes place one time each year in May. If you wish to walk in the May Ceremony you may have no more than 6 credits outstanding **AND** you must be registered for the remaining credits for the summer semester. In this instance, you will be considered as a September graduate. You may also graduate in February or September, but there is no commencement exercise on either date. You can participate in the following May Ceremony.

There is a **graduation fee of $190** for a Master's degree. Please remit payment by check or money order made payable to Fairleigh Dickinson University and mail to your home campus at the address above.

Please check your anticipated date of graduation and return this form by the deadlines below.

_____For **February** Graduation return form by the previous *June 1st*
_____For **May** Graduation return form by the previous *November 1st*
_____For **September** Graduation return form by the previous *March 1st*

Once we receive this form, the Record's Office will perform a review of your academic record. You will be mailed a letter stating whether you may proceed with graduation or have outstanding requirements.

Name_____Student I.D. #_____Date:_____
(Last, First)

- I wish to be considered a candidate for the following degree:
  ____ Master of Administrative Science ____ Master of Fine Arts ____ Master of Science in Nursing
  ____ Master of Arts ____ Master of Public Admin. ____ Master of Science in Taxation
  ____ Master of Arts in Teaching ____ Master of Science ____ Master of Fine Arts
  ____ Master of Business Admin. ____ Master of Science in Electrical Engineering
  ____ Post Doctorial Master of Science in Clinical Psychopharmacology

- My intended Major (and minor if applicable) is: _____

- I expect to complete my graduate degree requirements by _____/_____

- My name **EXACTLY** as it is to be inscribed on my diploma: **Print clearly.**

  _____
  FIRST MIDDLE LAST (NAMES)

- Mailing Address and Phone numbers (where we can mail your diploma or call you if there is any problem):
  _____

  City_____State_____Zip Code_____

  Home Number: (_____)_____Cell/Work Number: (_____)_____

- Diplomas are not given out at Commencement, they will be mailed out 4-6 weeks after the graduation date. It will be sent out via priority mail to the address noted on this application.

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PAYMENT INFO: **~ OFFICE USE ONLY~**

SGRD/SPRO_____ **DEGREE_____** **C. BLACK_____**
DATE/INITIAL_____ **DIPLOMA_____** **Revised 8/20/08**