

CALIFORNIA INSTITUTE OF TECHNOLOGY

Application for the Degree of Master of Science



First Name

Middle Name

Last Name

(Print your name exactly as you wish it to appear on your Diploma)

List your previous institutions attended, the degree awarded, and date the degree was officially conferred.

Degree: _____ Year Conferred: _____

University/College: _____

Degree: _____ Year Conferred: _____

University/College: _____

Degree: _____ Year Conferred: _____

University/College: _____

I hereby apply for admission to candidacy for the degree of Master of Science in _____

I expect to receive the degree in June

Date _____

Signature _____

I. PROGRAM APPROVAL

(a) The course schedule is approved, and this plan of study now constitutes the requirements for the degree.

Date _____

Signature _____

Option Representative

(b) *Please note: Candidates in Chemical Engineering, Chemistry, Computer Science and Computational and Neural Systems must submit an approved thesis or research report in addition to completing course requirements. The thesis/research report has been examined and approved and is hereby accepted in partial fulfillment of the requirements for the degree of Master of Science.*

Date _____

Signature _____

Research Advisor

II. ACTION OF THE COMMITTEE ON GRADUATE STUDY

1. All Institute requirements have been met.
2. The candidate is hereby recommended for the degree of Master of Science.

Date _____

Signature _____

Dean of Graduate Studies

III. ACTION OF THE INSTITUTE

Degree conferred on _____.

Signature _____

Registrar

