

FORM MUST BE TYPED
 Use both upper and lower case
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
APPLICATION FOR DEGREE

(Master's, Educational Specialist, or Doctoral Degree)

Note: It is the student's responsibility to see that this application is received in the Graduate School by the appropriate deadline date. You will be billed for the \$50 diploma fee. Your diploma cannot be released if you owe any fees to UAB.

Reorder fee: \$25.

When a student has completed a graduate degree program at UAB and wants to continue in graduate study, the student must be admitted to a new graduate program or with nondegree status.

_____ Date of Application _____ Degree for which you are applying (e.g., MA, MS, PhD) _____
 December May August
 Indicate month you expect to receive degree; enter year _____

_____ Type your legal name above as you wish it to appear on your diploma _____ Student Number _____

_____ Street Address _____ Graduate Program _____

_____ City, State, ZIP (Your diploma will be mailed to this address. If you change your address, you must notify the Graduate School. _____
 Email Address _____ Alternate Email _____

_____ Home Phone _____ Work Phone _____

_____ Hometown as you wish it to appear in the commencement program. List city, state, and country. Required to process degree.

This section is used for federal reporting purposes only.					
Indicate race and sex, type in country of citizenship	American Indian	Asian/Oriental	Black	Hispanic	White
	Male	Female	Citizenship _____		

Check the Plan you are following: If Plan 1, you must enter thesis/dissertation title below. Plan 1 Plan 2

Thesis/Dissertation Title: _____

Courses currently enrolled:

Sem/Year	Course Prefix	Course Number	Hours	Credit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Courses to be enrolled:

Sem/Year	Course Prefix	Course Number	Hours	Credit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Courses with grades of I, N, or O to be removed:

Sem/Year	Course Prefix	Course Number	Hours	Credit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Transfer of credit from another institution:
 Institution Name _____

Sem/Year	Course Prefix	Course Number	Hours	Credit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant's Signature: _____

**(Required: Application cannot be processed without original signatures.)
 MAKE SURE YOU HAVE COMPLETED THIS FORM.**

APPROVALS:

_____ Advisor _____ Date _____

_____ Graduate Program Director _____ Date _____

_____ Director of Graduate School Operations _____ Date _____

Notes:
