

**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.*

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

Type your legal name above as you wish it to appear on your diploma	Banner Student Number
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Street Address	Graduate Program
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City, State, ZIP (Your diploma will be mailed to this address. If you change your address, you must notify the Graduate School.)	Email Address
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**Hometown as you wish it to appear in the commencement program. List city, state, and country. Required to process degree.**

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

Thesis/Dissertation Title: \_\_\_\_\_

Mentor/Advisor: \_\_\_\_\_

Chair of Committee if Plan 1: \_\_\_\_\_

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	Department Coordinator (School of Public Health)	Date
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Director of Graduate School Operations	Date	Graduate Program Director	Date
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Notes: