



Knowledge that will change your world

UAB Graduate School
Attn: Marla Jones
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Birmingham, AL 35294-0013
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Attention Master's and Educational Specialist Students:

Please carefully follow the application for degree instructions below.

Note: This form is not applicable for students in the Master of Nursing (MSN) program.

The correct form is located [here](#).

- All applications for degree must be typed and include the required signatures (student, advisor, and program director) before being submitted to the Graduate School. The address and contact person are provided above.
- Students must be registered for graduate-level coursework during the semester in which they apply to graduate.
- The \$50 processing fee will be added to the student's account approximately 1-3 weeks after the Graduate School's [deadline](#). Note that some graduate programs may have an earlier deadline and/or have slightly different procedures for this paperwork, so please check with your graduate department for details.
- Additional information about completing a master's degree can be found [here](#).

**THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
APPLICATION FOR DEGREE – MASTER’S or EDS**

FORM MUST BE TYPED - Use both upper and lower case

The \$50 processing fee will be charged to your student account when this form has been processed. Your diploma cannot be mailed if you owe any fees to UAB.

December April August

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

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

Street Address _____ Graduate Program _____

City, _____ State _____ ZIP _____ UAB Email Address _____

(Your diploma will be mailed to this address. If you change your address, you must notify the Graduate School). (Notifications will only be sent to your UAB email address)

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

Thesis Title:

Mentor/Advisor: _____

Chair of Committee if Plan 1 (if different from mentor/advisor): _____

Courses enrolled in for the semester of graduation:
Sem/Year Course Prefix Course Number Hours Credit

Transfer of credit from another institution:
Institution Name _____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Notes

Applicant’s Signature: _____

APPROVALS:

Advisor _____ Date _____ Graduate Program Director _____ Date _____

Dept. Coordinator (For School of Public Health ONLY) _____ **Date** _____