Return this form to:

University of North Texas
School of Graduate Studies
Admission Section
P.O. Box 305459
Denton, TX 76203-5459
(940) 565-2636 ■ Fax (940) 565-2141

UNIVERSITY of NORTH TEXAS
Robert B. Toulouse
School of Graduate Studies

Please indicate the semester and year for which the pass through master's degree is sought (check one semester only)

___ Fall 20____
___ Spring 20____
___ May Mini-mester 20____
___ Summer I 20____
___ Summer II 20____

Application for Pass Through Master's Degree

In order to file this form, you must be currently enrolled. ***In addition, a satisfactory, admission test score (e.g., GRE, GMAT, etc) must be on file in the Graduate School before the application will be accepted for processing.*** Consult the current issue of the UNT Graduate Catalog concerning deadlines for applying.

PLEASE NOTE: Students must be in good academic standing to submit a pass through master's request. Students on academic probation/suspension may not request admission to a pass through master's degree program.

_____
(Last Name) (First Name) (Other Names)

UNT ID No. _____ Telephone _____
(Area Code) (Number)

Current address _____
(Street No.) (City) (State) (Zip)

Birth _____ / ____ / _____ _____ E-mail _____
(Month) / (Day) / (Year) (State or Country of birth)

Present citizenship _____

Are you currently enrolled at UNT in a doctoral program? _____If yes, what program _____

I am applying for Master's degree with a major in _____

Degree sought (circle): **MA MS MED MFA MJ MPA MBA MM**

Degrees now held: _____

Have official standardized admission test scores (GRE, GMAT, etc) been sent to UNT? ( ) Yes ( ) No
Date of exam: _____

Your request to be evaluated for a degree program will not be accepted until satisfactory scores on the appropriate test have been received in the Office of the School of Graduate Studies. Test scores must be submitted from the appropriate testing services.

I CERTIFY that the information furnished on this application is correct to the best of my knowledge.

_____ _____
(Date) (Applicant's Signature)