



Office of the Registrar

**Application for Master of Education
(Ph.D. Students Only)**

Name (please print clearly): _____ **Student I.D. #:** _____

First Name

Middle Name

Last Name and Suffix, if any

Degree Conferral Date: November March May **Year:** _____
(Select One)

Program:
(Select One)

- | | |
|---|--|
| <input type="checkbox"/> Arts in Education | <input type="checkbox"/> Mind, Brain and Education |
| <input type="checkbox"/> Education Policy and Management | <input type="checkbox"/> Prevention Science and Practice |
| <input type="checkbox"/> Human Development and Psychology | <input type="checkbox"/> School Leadership |
| <input type="checkbox"/> International Education Policy | <input type="checkbox"/> Teacher Education Program |
| <input type="checkbox"/> Language and Literacy | <input type="checkbox"/> Technology, Innovation, and Education |
| <input type="checkbox"/> Learning and Teaching | |

Students who are candidates for the Ph.D. are eligible to apply eight courses from their doctoral program toward a Ed.M, only after completing 16 courses.

Student Signature

Date

Advisor Signature

Date

Program Director Signature

Date