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)
☐ Arts in Education  ☐ Mind, Brain and Education
☐ Education Policy and Management  ☐ Prevention Science and Practice
☐ Human Development and Psychology  ☐ School Leadership
☐ International Education Policy  ☐ Teacher Education Program
☐ Language and Literacy  ☐ Technology, Innovation, and Education
☐ 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-in-Passing, only after completing 16 courses.

Student Signature ____________________________ Date __________

Advisor Signature ____________________________ Date __________

Program Director Signature, if choosing a program ____________________________ Date __________