

Application Deadlines*
 May Graduation – Nov. 1
 Aug. Graduation – Mar. 1
 Dec. Graduation – June 1

Hampton University – The Graduate College

APPLICATION FOR ADMISSION TO CANDIDACY FOR DEGREE COMPLETION

Medical Science (MDSC)

Only fully complete forms will be processed when submitted before the application deadline.

I wish to apply for candidacy and graduation. I am applying at least 6 months (but no more than 1 year) prior to my expected graduation date, have met all admission requirements, have a cumulative GPA of 3.0 or higher, and do not have any incomplete course work.

Clearly **print** your full name as it should appear on the diploma (**limit to three names**) _____ Student ID Number _____ Email Address _____

Local Address (Street, City, State, Zip Code) _____ Permanent Address (Street, City, State, Zip) _____

Masters of Science

Degree _____ Hometown (City, State, Country) for Commencement Program _____ Telephone Number _____

May / Aug / Dec 20

Expected month and year of graduation _____ Previous degrees earned (University, Degree, Year) _____
 (Circle one and include year)

Use your unofficial transcript (HUnet) to complete the Degree Plan of Study below. Identify the term (Fall = F, Spring = S, Summer = Su) and year for which a course was/will be taken and the grade received. Indicate substitutions in the appropriate column with the course and number. Put a check mark (✓) in the appropriate column if a course is transfer credit or waived.

Degree Plan of Study			Cr	Term	Grade	Substitute*	Transfer*	Waived*
Required Courses: 50 credits								
MSD	601	Health Professions I	3					
MSD	602	Health Professions II	3					
MSD	611	Pre-Medical Biology I	4					
MSD	612	Pre-Medical Biology II	4					
MSD	621	Pre-Medical Chemistry I	4					
MSD	622	Pre-Medical Chemistry II	4					
MSD	641	Pre-Medical Physics	3					
MSD	651	Biomedical Chemistry I	4					
MSD	652	Biomedical Chemistry II	4					
MSD	655	Medical Physiology	4					
MSD	662	Human Immunology/Virology	4					
MSD	665	Medical Molecular and Cellular Biology	4					
MSD	668	Medical Histology	4					
MSD	702	Comprehensive Examination	1					

*The appropriate forms must be filed to receive credit for course substitutions, transfer credit and waivers. **Total Credits: 50**

I understand that I may not deviate from the Degree Plan of Study without permission from the Dean of the Graduate College.

Student's Signature _____ Date _____ Program Coordinator's or Dept. Chair's Signature _____ Date _____

For Official Use Only	
Met Admission Requirements: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason for denial: _____ _____ _____
Cumulative GPA: _____	
Incomplete Coursework: _____	
Comprehensive Examination: _____	
Dean, Graduate College Signature _____ Date _____	