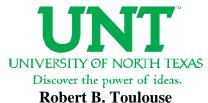
Return this form to:

University of North Texas School of Graduate Studies Admission Section 1155 Union Circle #305459 Denton, TX 76203-5017 (940) 565-2636 ■ Fax (940) 565-2141



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.)	(0):		(0: :)	
(Street No.)	(City)		(State)	(Zip)
Birth// (Month) / (Day) / (Year) (State	e or Country of birth)			
Present citizenship				
Are you currently enrolled at UNT in a de	octoral 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 tes Date of exam:		n sent to UNT?	() Yes () N	No
Your request to be evaluated for a degree have been received in the Office of the Stesting services.				
I CERTIFY that the information furnished	d on this application is correct to	the best of my	knowledge.	
(Date)		(Applicant's S	anaturo)	