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

Graduate College Counselor

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

Spring ◯ Summer ◯ Fall ◯ Year:_____
Expected month and year of graduation (**Circle one** and **include year**) | Previous degrees earned (University, Degree, 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: _____
Cumulative GPA: _____
Incomplete Coursework: _____
Comprehensive Examination: _____

☐ Approved ☐ Denied ☐ Hold & Resubmit

Reason for denial: _____

Dean, Graduate College Signature | Date

*__Late applications require written explanation to be approved by the Provost.__