

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 Physics (PHYS-PMED)

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: 59 credits								
PHY	601	Mathematical Physics I	3					
PHY	605	Theoretical Mechanics I	3					
PHY	607	Electromagnetic Theory I	3					
PHY	611	Thermodynamics and Statistical...	3					
PHY	613	Quantum Theory I	3					
PHY	614	Quantum Theory II	4					
PHY	617	Research II	3					
PHY	624	Physics of Medicine	3					
PHY	625	Nuclear Medicine	3					
PHY	626	Diagnostic Imaging	3					
PHY	627	Radiation Therapy Physics and Dosimetry	3					
PHY	628	Health Physics Radiation Protection	3					
PHY	629	Radiation Biology	3					
PHY	630	Clinical Rotation I	4					
PHY	631	Clinical Rotation II	4					
PHY	632	Clinical Rotation III	4					
PHY	633	Directed Research	4					
PHY	681	Thesis	3					

*The appropriate forms must be filed to receive credit for course substitutions, transfer credit and waivers. **Total Credits: 59**

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: _____ Approved Denied Hold & Resubmit
 Incomplete Coursework: _____
 Comprehensive Examination: _____ Reason for denial: _____

 Dean, Graduate College Signature _____ Date _____