

NOTICE OF MATRICULATION

This form is to be used in lieu of the regular application for admission to the doctoral program. It is applicable ONLY for those students who are currently enrolled in a master's degree program at Kent State University and who wish to matriculate to the doctoral program in the same department/school prior to receipt of the master's degree.

Student Number _____ Birth Date _____

Name _____ Sex _____

Permanent Address _____ Phone _____

City _____ County _____ State _____ Zip _____

Local Address _____ Phone _____

City _____ County _____ State _____ Zip _____

This is to certify that the above named student, who is currently a master's degree candidate in the Department/School of _____, has been admitted to the Ph.D. program in the Department/School of _____. This student (WILL, WILL NOT) complete the requirements for the master's degree. The master's degree, if any, will be awarded in (MAY, AUGUST, DECEMBER) 20__.

Admission to Doctoral Program
Recommended by

Admission Approved by

(Chair, Director, or Coordinator of Graduate Studies)

(Dean)

Date _____

Date _____

Cc: Dean
Registrar
Dept/School