~UNDERGRADUATE APPLICATION FOR DEGREE~

Department of Mathematics

**Directions:**

(1) Complete the form in ink. (2) Obtain the signature of your advisor. (3) Return the form to 2108 SAS Hall.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sciences \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID Number College Curriculum Degree (major)

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Last Name First Name Middle Name

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 Hometown State Email (other than @ncsu)

Degree to be awarded: (Circle One) Semester to be awarded: (Insert Year)

 Bachelor of Arts Spring Semester \_\_\_\_\_\_\_\_\_\_\_

 Bachelor of Science Summer I \_\_\_\_\_\_\_\_\_\_\_

 Summer II \_\_\_\_\_\_\_\_\_\_\_

 Fall Semester \_\_\_\_\_\_\_\_\_\_\_

Two or more degrees awarded on the same date? \_\_\_\_\_\_ (No) \_\_\_\_\_\_ (Yes)

If yes, names of additional degrees:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a minor? \_\_\_\_\_\_ (No) \_\_\_\_\_\_\_ (Yes) If yes, list title(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List course(s) with incomplete grade(s) and expected date of completion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plans after graduation (Employment or Graduate School) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List courses in progress required for graduation

|  |  |  |  |
| --- | --- | --- | --- |
| Course | Cr. Hrs. | Course | Cr. Hrs. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Transfer credit(s) in progress and name of institute(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Departmental Honors Program \_\_\_ (if yes, which department):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Honors Program \_\_\_\_

University Scholars Program\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Applicant Date

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Advisor Date

Section for use by the department

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_