



Medical College of Wisconsin GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

DEGREE APPLICATION

MONTH _____ YEAR _____

Instructions: This form must be completed and submitted AFTER the student has completed the dissertation defense / final thesis successfully.

CANDIDATE: _____
LAST FIRST MIDDLE

DEPARTMENT/
PROGRAM: _____

DEGREE EXPECTED: _____ MA, MS, MPH, PHD

TITLE OF DISSERTATION, THESIS, PAPER or PROJECT PROPOSAL (circle one): _____

RECOMMENDED BY:
ADVISOR

PRINTED NAME

SIGNATURE DATE

APPROVED BY:
PROGRAM DIRECTOR

PRINTED NAME

SIGNATURE DATE

DEAN DATE

SIGNATURE OF CANDIDATE

DATE