



**Application for Master of Education in Passing
(Ed.D. and Ph.D Students Only)**

Name (please print clearly):

Student I.D. #: _____

First Name

Middle Name

Last Name and Suffix, if any

Degree Conferral Date:
(Select One)

☐ November

☐ March

☐ May

Year: _____

Program:
(Select One)

☐ Arts in Education

☐ Mind, Brain and Education

☐ Education Policy and Management

☐ Prevention Science and Practice

☐ Higher Education

☐ School Leadership

☐ Human Development and Psychology

☐ Special Studies

☐ International Education Policy

☐ Teacher Education Program

☐ Language and Literacy

☐ Technology, Innovation, and Education

☐ Learning and Teaching

☐ No program

Students who are candidates for the Ed.D. and Ph.D. are eligible to apply eight courses from their doctoral program toward a Ed.M-in- Passing, only after completing 16 courses.

Student Signature

Date

Advisor Signature

Date

Program Director Signature, if choosing a program

Date