Non-Matriculated Student Applying For A Graduate Program Option B

Return completed form to:
The Graduate School
501 Carnell Hall
1803 N. Broad St.
Phila., PA 19122
Fax 215-204-8781

Consult an Advisor in your intended field of study to discuss, approve, and sign the plan you will together detail below.

STUDENT INFORMATION

SSN _____ - _____ - _____ **Email** _____

Name (Print)_____ _____ _____
Last First M.I.

Current Address _____ _____ _____ _____
Street City State Zip

Home Telephone ( ) _____ - _____

ANTICIPATED PROGRAM INFORMATION

_____ _____ _____ _____ _____
Program **College** **Degree** **Semester** **Year**

I have applied or intend to apply to a Temple University graduate master's or doctoral program. I have consulted with an advisor for that program, and upon that advisor's recommendation, I am requesting permission to take **more than 9 credits** as a non-matriculated student. Should I be admitted, I understand that of all the coursework completed while classified as a non-matriculated student, ONLY that listed below may be applied toward my degree requirements. The **total** number of Temple University graduate credits I propose to take as a non-matriculated student and that an Advisor agrees will apply toward my degree requirements, if I apply and am accepted, are: _____ **(This number of credits must match those of the courses listed below.)**

Advisor (Print) _____ Advisor Email _____ Campus Phone _____ Office _____

_____ ____ / ___ /___
Student's Signature **Date**

Advisor: Please briefly explain either (a) why an admissions decision cannot be made on this student's application until additional credits are completed or (b) why you endorse student's enrollment for more than 9 credits before admission.

An admissions decision will be made before the start of the _____semester _____ year. If it is not, I understand and have made clear to this student that no additional courses taken while nonmatriculated will be credited towards any future degree requirements.

List all courses that will be credited toward degree requirements. Include only those that student will be permitted to enroll in prior to an admissions decision.

Department/Program	Course #	Sem	Year	Credits
Department/Program	Course #	Sem	Year	Credits
Department/Program	Course #	Sem	Year	Credits
Department/Program	Course #	Sem	Year	Credits
Department/Program	Course #	Sem	Year	Credits

Advisor Signature _____ **Date** ___/___/___

Dean/Dean's Representative at the School/College

I do / do not endorse. **Dean/Dean's Representative** _____ _____ __/__/__
(please print name): **Signature** Date

NG2 posted by Graduate School: **Date** ____ / ____ / ____ Graduate School Staff: **Initials** _____