GRADUATE SCHOOL
OF ARTS AND SCIENCES
OF
BRYN MAWR
COLLEGE

APPLICATION FOR CANDIDACY FOR THE DEGREE OF MASTER OF ARTS

BIOGRAPHICAL INFORMATION

Name of Candidate: **ID Number:**

Home state to be listed on Commencement Program:

Department:

CHECKLIST FOR DEPARTMENT CHAIR

I. State languages or other skills required by major department

II. Unit requirements met by course or USWs

☐ **6 units completed to date *Or***

Number of units completed ☐ **Number of units to be complete** ☐

III. Title of paper to be presented by the candidate in partial fulfillment of the requirements for the M.A.

SIGNATURES

Signature of Faculty Member Directing Student's Work:

Director of Graduate Studies in Department: