NOTICE OF MATRICULATION

This form is to be used in lieu of the regular application for admission to the doctoral program. It is applicable ONLY for those students who are currently enrolled in a master's degree program at Kent State University and who wish to matriculate to the doctoral program in the same department/school prior to receipt of the master's degree.

Student ID #_____ Name _____

Permanent Address _____ City _____

County_____ State_____ Zip_____ Phone _____

Local Address _____ City _____

County_____ State_____ Zip_____ Phone _____

This is to certify that the above named student, who is currently a master's degree candidate in the

Department/School of _____, has been admitted to the doctoral program

in the Department/School of _____. This student (WILL, WILL NOT)

complete the requirements for the master's degree. The master's degree, if any, will be awarded

in (MAY, AUGUST, DECEMBER) 20___.

Admission to Doctoral Program Recommended by	Admission Approved by
_____	_____
(Chair/Director or Coordinator of Graduate Studies)	(Dean of the College)
_____	_____
Date	Date

cc: Dean of the College
Registrar
Dept/School

Revised: 8/07/15