OFFICE OF GRADUATE STUDIES

CDAVIS

250 Mrak Hall - One Shields Ave. Davis, CA 95616 (530) 752-0650 ucdavis.gradstudies.edu

Print DE Chair's Name:

Verified On:	Degree Sequence:	Staff Initials:

Associate Dean of Graduate Studies Signature:

GRADUATE STUDIES SECTION

GS-323

Date:

Application for Designated Emphasis

Graduate Program:	Email:
Designated Emphasis:	
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5	anding, assure that there is a Designated Emphasis faculty appointed to both my tee, and meet all requirements of the Designated Emphasis as well as those of m
Student Signature:	Date:

Student Name: _____UC Davis Student ID #:_____

GRADUATE PROGRAM ADVISER CERTIFICATION

I certify that the above-named student is in good academic standing (as defined in the Graduate Adviser's Handbook), and eligible to participate in the designated emphasis noted on this form.

Print Graduate Program Adviser's Name:

DESIGNATED EMPHASIS CERTIFICATION

I hereby certify that the above-named student was admitted to the Designated Emphasis on: Date:

DE Chair Signature:

Date: