

UC DAVIS

OFFICE OF GRADUATE STUDIES

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Graduate Program Exit Information

Please PRINT Clearly

Name: _____ UC Davis Student ID #: _____

Graduate Program: _____ Degree Objective: _____

Current Address:

Permanent Address:

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

Dates Effective: _____

Dates Effective: _____

What is the name and address of the organization with which you will be associated? Or if you have future educational goals, please clarify:

What will be your job title and job duties?

GRADUATE STUDIES SECTION

Sub Date: _____

Degree Date: _____

MA/MS Plan: _____

Major Code: _____

Staff Initials: _____