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Graduate Program Exit Information Please PRINT Clearly UC Davis Student ID #: Name: Degree Objective: Graduate Program:___ **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** Degree Date:_____ MA/MS Plan:____ Sub Date:

Major Code:

Staff Initials: