



Graduate Student Application for Graduation

School/College of _____

Instructions: This form must be completed in order to graduate. Please fill in all required items with the assistance of your Department. A program check sheet must accompany this request when submitted to the Records Office.

1) Name: _____
Print or type your *full legal name* as it is to appear on your diploma.
NOTE: A data correction form is required for any name change.

2) Degree: MA MAT MEd EdS EdD
 MBA MS MTS MDiv Department:

3) Major(s): _____

4) Current address: (This is the address where we will mail your diploma;
diplomas are processed starting 45 days after the end of the term)

Hold for pick up (If this box is checked we will notify you when it can be picked up)

5) Current personal email address: _____

6) Please list all requirements (courses/exams) lacking in order to complete degree:

Requirement _____	Quarter _____
Requirement _____	Quarter _____
Requirement _____	Quarter _____
Requirement _____	Quarter _____

In which term will your final requirement be completed? _____
Quarter Year

Do you plan to attend the June graduation ceremonies? Yes _____ No _____

Measurements for graduation regalia: Height _____ Weight _____

Signature of Student

Date

Signature of Dean or Dean's Designee

Date