

APPLICATION FOR DEGREE GRADUATE SCHOOL

ALL STUDENTS MUST COMPLETE AN APPLICATION FOR DEGREE IN ORDER TO GRADUATE. DIPLOMAS WILL BE ORDERED WITH NAMES AS DESIGNATED BY STUDENTS ON THIS FORM. IN ORDER TO PERFORM A NAME CHANGE, WE NEED TO KNOW THE BASIS FOR THE CHANGE AND **LEGAL DOCUMENTATION AUTHORIZING THE CHANGE MUST BE PROVIDED.**

PRINT CLEARLY: INDICATE YOUR NAME AS IT WILL APPEAR ON YOUR DIPLOMA.

NAME			
	First	Middle	Last

ADDRESS _____
Street

City _____ State _____ Zip Code _____

Home Telephone _____ Business Telephone _____ Last 4 Digits of SSN _____

E-MAIL ADDRESS _____

EXPECTED DATE OF GRADUATION: YEAR _____
Check one: AUGUST 31 JANUARY 31 MAY

GRADUATE DEGREE (check one):

- | | | |
|--|--|---|
| <input type="checkbox"/> MA: Art Education | <input type="checkbox"/> MS: Art Therapy | <input type="checkbox"/> MS: Art Therapy/Counseling |
| <input type="checkbox"/> MS: Communication Studies | <input type="checkbox"/> MS: Studio Art | <input type="checkbox"/> MS: Career Development |
| <input type="checkbox"/> MS: School Psychology | <input type="checkbox"/> MS: Gerontology | <input type="checkbox"/> MS: Guidance & Counseling |
| <input type="checkbox"/> MS: Mental Health Counseling | <input type="checkbox"/> MS: Speech Language Path. | <input type="checkbox"/> MS: Educational Leadership |
| <input type="checkbox"/> PDL: School District Leader | <input type="checkbox"/> MSE: School Admin. & Super. | <input type="checkbox"/> MSE: Early Childhood Education |
| <input type="checkbox"/> MSE: Early Childhood Special Ed | <input type="checkbox"/> MSE: Childhood Special Ed | <input type="checkbox"/> MSE: Creative Teaching & Learning |
| <input type="checkbox"/> MSE: Literacy Education | <input type="checkbox"/> MSE: Multiling./Multicult. Ed. | <input type="checkbox"/> MSE: Childhood Education |
| <input type="checkbox"/> MSE: Childhood Education/
Childhood Special Ed | <input type="checkbox"/> MSE: Early Childhood Education/
Early Childhood Special Ed | <input type="checkbox"/> MSE: Childhood Education/
Childhood Special Education |
| <input type="checkbox"/> MSE: Early Childhood/
Early Childhood Special Ed | | |

STUDENT'S SIGNATURE _____ DATE _____

ASST DEAN'S SIGNATURE _____ DATE _____

Return this form to your respective program office by the designated date in the GRS catalog. Division Office will submit form to the office of the Registrar to place the diploma order to initiate graduation audit.

***DIPLOMA PICK UP: AUGUST DIPLOMA PICK-UP AFTER OCTOBER 1. JAN. PICK-UP AFTER MARCH 1.**

FOR OFFICE USE ONLY:	APPLICATION RECEIVED _____	DISTRIBUTION:
	ORDER CODE NUMBER _____	WHITE - REGISTRAR
	DATE DIPLOMA ORDERED _____	YELLOW - DEAN
	ENTERED DATABASE _____	PINK - DIVISION OFFICE
	ENTERED IN P.C. _____	GOLD - STUDENT