



The Office of the Registrar
Graduate Student Application for Graduation

Student ID # \_\_\_\_\_ Date \_\_\_\_\_
Full Name of applicant, PRINT EXACTLY as it should appear on diploma

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Permanent Address \_\_\_\_\_ Number and Street or Route and Box Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Degree Sought \_\_\_\_\_ Major \_\_\_\_\_

When do you expect to complete graduation requirements? Check one:

Fall [ ] Spring [ ] Summer [ ] Year \_\_\_\_\_

Catalog year that graduation requirements will be assessed \_\_\_\_\_

Total semester hours required for graduation \_\_\_\_\_

Total transfer hours used \_\_\_\_\_

Total hours earned to date \_\_\_\_\_

Total remaining semester hours needed to complete requirements \_\_\_\_\_

Do you have a minimum overall grade point average of 3.0? \_\_\_\_\_

Have you successfully completed a minimum of 30 semester hours of credit in residence study at the University? \_\_\_\_\_

Have you completed an exit interview with the graduate coordinator in your program area? \_\_\_\_\_

It is the sole responsibility of each graduation candidate to meet with their academic advisor to determine if all institutional and departmental requirements for graduation have been met. Attach transcript, and Program of Study Checklist.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Advisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Program Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Signature of Department Chairperson \_\_\_\_\_ Date \_\_\_\_\_

Signature of Director of Graduate Education \_\_\_\_\_ Date \_\_\_\_\_