



FORMAL APPLICATION FOR GRADUATION FOR ADVANCED DEGREE

This is to certify that _____ (Name)
 University ID Number _____ Is a candidate for graduation with the degree of:
Master of _____ in _____ or:
Doctor of _____

The candidate must complete the following courses:

COURSE ID

Discipline	Course No.	Course Title	Credit Hrs.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Graduate Hours Required for Degree: _____
 Thesis Title: _____
 Expected Date of Completion of Thesis: _____

When the candidate has successfully completed the courses and required number of credit hours specified above, the thesis (if appropriate) and all other University degree requirements, and has a minimum cumulative G.P.A. of 3.00, all requirements for the degree listed above will have been completed.

I therefore recommend the candidate for graduation for the degree at the end of the :
 20_____ Fall Semester Spring Semester Summer Semester

 Signature of Graduate Program Advisor College of: _____ Date: _____

 Signature of Dean Date: _____

I hereby certify that the candidate has successfully completed any thesis/final project requirements for the degree listed above.

 Signature of Director of Graduate Studies Date: _____

I hereby certify that the candidate has successfully completed the specified courses above and has a minimum graduate cumulative G.P.A. equal to or greater than that specified above, and the candidate has earned equal to or greater than the total hours specified above.

 Signature of Registrar Date Cumulative G.P.A./Grad Courses Total Earned Hours

Completion Date: _____

Original: Registrar's Copy Copy 1: Dean's Office Copy 2: Student Copy