



FORMAL APPLICATION FOR GRADUATION FOR MASTER DEGREE GRADUATE PROGRAM

This is to certify that _____ (Name)
 Social Security Number/ID Number _____ Is a candidate for graduation with the degree of:
Master of _____ in _____

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 :

- Fall Semester Spring Semester Summer I Term Summer II Term Summer III Term 20_____

 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, Graduate Studies Date: _____

I hereby certify that the candidate has successfully complete 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 _____ Cumulative G.P.A./Grad _____
 Date Courses Total Earned Hours

Completion Date: _____

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