

GRADUATION APPLICATION FOR PROFESSIONAL DEGREE

A. APPLICATION INFORMATION: TO BE COMPLETED BY THE DEGREE CANDIDATE

STUDENT NUMBER:	PERMANENT MAILING ADDRESS	
NAME:	STREET:	APT./P.O.:
SCHOOL:	CITY:	
DEGREE:	STATE:	ZIP CODE:
DEGREE REQUIREMENTS TO BE COMPLETED BY: YEAR: 20 _____ MONTH (Check one): MAY <input type="checkbox"/> AUGUST <input type="checkbox"/> DECEMBER <input type="checkbox"/>	COUNTRY:	
	PHONE:	
HOMETOWN CITY:	HOMETOWN STATE:	
PREFERRED E-MAIL ADDRESS:		

DIPLOMA NAME: (Print your name exactly as you wish it to appear on your diploma, include accents, spaces, capitalization and applicable suffixes.)

FIRST:	MIDDLE OR MAIDEN:	LAST:
<input type="checkbox"/> DO NOT MAIL MY DIPLOMA. Please call me at the phone number above when my diploma is ready to be picked up.		

PREVIOUS DEGREE	YEAR	INSTITUTION

I understand and confirm that I have met or will meet upon successful completion of the proposed schedule (i.e. current courses) the university and academic requirements for my degree.

Signature of degree candidate: _____ Date: _____

B. APPROVAL TO BE COMPLETED BY SCHOOL OFFICIALS

I have reviewed the academic record of the above applicant and certify that all the professional degree requirements for the major and the university have been fulfilled. I recommend that this candidate be awarded the degree applied for upon satisfactory completion of current courses.

Signature of advisor: _____ Print name: _____ Date: _____
(or dean's designee)

Signature of dean: _____ Print name: _____ Date: _____

