



GRADUATE PROGRAMS

APPLICATION FOR DEGREE

Print Full Legal Name: _____ Date: _____

Signature: _____ Campus Box #: _____

Datatel/Student ID #: _____ Cell/Best Contact Phone #: _____

Summer/Home or Permanent Address: _____

I hereby make application for the: MBA MEd

MSAT MSN MFA

If applicable, my track or concentration is: _____

I expect to complete the degree requirements in _____ *. 20* ____ *.*

My academic advisor is: _____

ONLY FOR THOSE IN TEACHER EDUCATION:

I expect to qualify for a/an _____ teaching certificate.
(elementary or secondary)

My teaching fields are: _____
(specify grade level if applicable)

IMPORTANT COLLEGE REGUALTION FOR GRADAUTE STUDENTS:

At least one semester prior to anticipated completion of degree requirements, each candidate is required to file and Application for Degree with the Registrar/Academic Services office. This makes it possible to check requirements still to be met while there is still time to complete them.

A charge of \$50.00 is made for failure to comply with this regulation; such failure may also result in postponement of graduation.