

Dean's signature

## Office of the Registrar

## **Graduate School of Education**

|     |  |   |                 | Date                |                      |                    |
|-----|--|---|-----------------|---------------------|----------------------|--------------------|
|     | <b>Late</b> Applicati  | ion for Gradu   | ation           | ID number           |                      |                    |
| A.  | Name   |   |                 | <del></del>         |                      |                    |
|     | Address  | C   | ity             | State               | Zip                  |                    |
|     | Home telephone   | Work telephone  |                 |                     |                      |                    |
|     | Cell Phone   | E   | -mail           |                     |                      |                    |
| В.  | <ol> <li>Submission of Ap</li> <li>Completion of a g</li> <li>Completion of all</li> <li>Completion of at</li> </ol> | ollowing requirements must<br>plication for Graduation<br>graduation audit<br>applicable requirements b<br>least 30 semester hours of<br>the point average of 3.000 c | ased on entry y | vear bulletin       |                      |                    |
|     | receive a diploma  | all fees (including graduat, or request transcripts. <i>De</i> nit a late graduation applic   | egrees are con  | ferred regardless o | financial obligation | ·                  |
| C.  | Degree (circle one):   | Master of Science in  | Special Educa   | ntion               |                      |                    |
|     | Master of Arts in Educational Administration   |   |                 |                     |                      |                    |
|     | Master of Science in Education   |   |                 |                     |                      |                    |
|     |  | Master of Arts in Tea   | aching          |                     |                      |                    |
|     |  | Master of Arts in Ed  | ucation         |                     |                      |                    |
| D.  | Semester you plan to graduate:   |   |                 |                     |                      |                    |
|     | Fall   | Spring  | Summer          | Year_               |                      |                    |
| E.  | Your name as you wish it to appear on degree:  |   |                 |                     |                      |                    |
|     | I give permission for my name to be included in the commencement program.  |   |                 |                     |                      |                    |
|     | I do NOT give permission for my name to be included in the commencement program                                      |   |                 |                     |                      |                    |
|     | PORTANT NOTICE: If and duation.  | ny changes are made to th   | ne information  | above, the studer   | nt MUST complete a r | new Application fo |
| Stu | ident's signature  |   |                 | Date                |                      |                    |
|     | -  |   |                 |                     |                      |                    |

Date