Office of the Registrar
Graduate School of Business

Application for Graduation

Date________________________________
ID number____________________________________

A. Name________________________________ Social Security number______________________
Address_________________________ City_____________ State__________ Zip___________
Home telephone ______________________________ Work telephone ____________________
Cell phone ___________________________ E-Mail ______________________________________

B. Prior to graduation, the following requirements must be met:
1. Satisfactory completion of all required courses (see Bulletin)
2. Satisfactory completion of a minimum of 30 semester hours of credit with a minimum cumulative grade point average of 3.0
3. Final payment of all fees, including graduation fee
4. Application for graduation in: August filed by July 15th
                                           January filed by November 15th
                                           May filed by March 15th

C. Degree (circle one):
   Master of Business Administration
   Master of Science in Accounting
   Master of Science in Management Information Systems
   Master of Science in Computer Information Systems

D. Area of concentration:______________________________________________________________

E. Date you expect to graduate:
   May__________ August__________ January__________ Year__________

F. Your name as you wish it to appear on degree:
   ______________________________________________________________________________

   Please print or type

Signed___________________________________________________Date_____________________
    Student

IMPORTANT NOTICE: If any changes are made to the information above, the student MUST complete a new Application for Graduation.

02/07