

APPLICATION FOR MASTER’S DEGREE/GRADUATE CERTIFICATE (M-4)

This form must be filed in the Graduate School by the fourth week of classes in the Winter and Fall Semesters. The Summer deadline will be published in May. The name on the diploma will be printed as it exists in the University Records. The diploma will then be mailed to the mailing address that exists in the University Records. Changes to records must be made in the Registrar’s Office, 351 Millennium Student Center.

Name: _____ Student Number: _____

Expected Date of Graduation: August December May Year: _____

Degree: M.Acc. M.A. M.B.A. M.Ed. M.F.A. M.M.E. M.P.P.A. M.S. M.S.N. M.S.W.
 Certificate Only

Major: _____ Emphasis: _____

Certificate Earned: _____

The University has permission to print my name in the commencement booklet.
 Yes No

_____ Student Signature _____ Date

This Student has submitted a Program for Master’s Degree (M-1) or Program for Graduate Certificate. It is recommended that the degree be awarded contingent on the satisfactory completion of all degree requirements.

_____ Advisor _____ Date _____ Department Chair/Program Director _____ Date

Graduate School Use ONLY:

- M1/G-10 has not been approved
- DL/F/Y
- Student Not Enrolled
- Transcripts for Transfer Credit not received
- Low G.P.A.
- Courses on Program Not Taken
- Exit Requirement Not Completed

Thesis Approval:

- Approved M-2
- Advisor Approval
- Title Page & Numbering
- Paper copies (if applicable)

Comments:

Approved Removed

_____ Dean’s Signature _____ Date