



Application for Degree

Date of Application: ____ / ____ / ____					
Your name <u>exactly</u> as you would like it to appear on your degree (First, Middle, Last):					
First	Middle	Last			
		Last 4 digits SSN			
Address to Mail Diploma:					
Street	Apartment #	Personal Email			
City	State	Zip Code			
or		<input type="checkbox"/> Pick-up (____)			
		Telephone Number			
Degree Applying for: Please check only one, If you are in a Master & Doctoral fill out one form for each.					
<input type="checkbox"/> MSAc	<input type="checkbox"/> MSAcHM	<input type="checkbox"/> DAC	<input type="checkbox"/> DAcHM	<input type="checkbox"/> MSAc/DAC	<input type="checkbox"/> MSAcHM/DACHM
Date expected to complete Degree Requirements: _____ / _____					
Month Year					
To complete this application, you must do the following:					
<input type="checkbox"/> Meet with your Advisor to obtain your unofficial transcript <input type="checkbox"/> Attach your unofficial transcript to this Application for Degree <input type="checkbox"/> Meet with the below departments for approval signatures <input type="checkbox"/> Please pay Master's degree \$250.00 fee prior to submitting to the Registrar <input type="checkbox"/> Please pay Doctoral degree \$125.00 fee prior to submitting to the Registrar <input type="checkbox"/> Please pay Master's & Doctoral degree \$375.00 fee prior to submitting this form to the Registrar					
Note: this is not a commencement fee					
1. Complete Federal Student Loan Exit Interview – Financial Aid Office					
Financial Aid Students MUST complete Student Loan Exit Counseling for Graduate or Professional Students at: https://studentaid.gov/exit-counseling/					
____	Exit Counseling Completed	____ Not Required – Cash Pay Student			
Financial Aid Advisor Signature		____ / ____ / ____ Date			
2. Satisfy Financial Obligations – Student Accounting Office					
Has student satisfied all financial obligations to the Institution:					
<input type="checkbox"/> YES, issue degree <input type="checkbox"/> NO, hold degree					
Accounting Representative Signature		____ / ____ / ____ Date			

3. Complete Exit Interview with Advisor/AHEAD Coordinator

Exit Interview Completed:

 YES NO, hold degree

Advisor's Signature

____ / ____ / ____

Date

4. Library Exit Interview with Librarian

Exit Interview Completed

 YES NO, hold degree

Librarian's Signature

____ / ____ / ____

Date

5. Student Certification and Submission

All the enclosed information is complete and accurate to the best of my knowledge. I request processing of my Application for Graduation using the enclosed information. **Note: Degree(s) will be mailed 60 days after the completion of the semester in which Degree requirements are met.**

Student's Signature

____ / ____ / ____

Date

Please submit this completed application to the Academic Department or Registrar

To be completed by the Academic Department

Program of Study and Transcript agree:

YES

NO



Program of Study successfully completed:

Credit Hours meet minimum requirement:

Satisfactory Academic Progress:

Within Maximum Time Frame



Cumulative GPA equal 3.0 for Master's/Doctoral



Approved for: MSAc MSAcHM DAC DAcHM MSAc/DAc MSAcHM/DAcHM

Degree Approved: Yes No If no explain:

Academic Dean Signature

____ / ____ / ____

Date

Graduation Date: ____ / ____ / ____

Registrar Signature

____ / ____ / ____

Date

Notes:

 Pending Graduate Status completed Graduated Status completed Degree Ordered ____ / ____ / ____ Degree Sent ____ / ____ / ____Copy: Academic's (PF) Financial Aid Accounting