

Application for Graduation

Date: _____

Student Name: _____

Student ID: _____

Department/Program: _____

College/School: _____

Name of Major Professor(s): _____

Thesis/Dissertation Title: _____

Anticipated Date of Graduation: _____

Date of Admission to Candidacy: _____

Date of Admission to Graduate School to Status (if applicable) _____

*Signature of Student: _____

*Name of Major Professor(s) with Signature _____

*Name of Program Director with Signature _____

*Name of Academic Dean with Signature: _____

**Approval of the Dean of the Graduate School: _____

***NOTE TO STUDENT** By signing this application, the student indicates that she/he understands that a non-refundable \$5.00 fee will automatically be assessed to her/his account, for the graduation period that she/he has indicated above. She/he understands that if she/he does not graduate during this period, she/he will be responsible for ensuring that another graduation application is submitted and that another non-refundable \$35.00 fee will be assessed.

**NOTE TO PROFESSOR The Graduate School will submit the scanned document via email to the following: