

APPLICATION FOR GRADUATE DEGREE
College of Business

NAME _____ **DATE** _____
(To appear on diploma)

SOCIAL SECURITY NO. _____ **RACE** _____ **SEX** _____

Application for degree must be completed the semester prior to the term in which you plan to graduate.

- () Master of Business Administration
() Traditional () Executive () Integrated
- () Master of Professional Accountancy
- () Master of Commercial Aviation

SEMESTER YOU PLAN TO GRADUATE _____
(This includes completing all requirements for your program plus the comprehensive exam, if applicable)

HOME ADDRESS (This information is for the commencement program.)

E-MAIL ADDRESS (Required by the Registrar's Office)

Phone Number

() _____

HEIGHT _____ **COAT OR BUST MEASUREMENT** _____ **HAT SIZE** _____

DO NOT WRITE BELOW THIS LINE

_____ **BANNER** _____ **DBASE** _____ **GA/DA**

NOTE TO GRADUATE DIRECTOR: Director must certify with the Registrar's office by the Monday prior to graduation that all degree requirements have been met.

Graduate Director

Date

Dean of the College

Date

**CHECKLIST FOR GRADUATE DEGREE CANDIDACY
DELTA STATE UNIVERSITY
College of Business Graduate Programs**

NAME _____ Social Security No. _____

ADDRESS _____
City State Zip

E-Mail Address (if applicable) _____

DEGREE Master MAJOR PROGRAM _____

ADVISOR'S NAME _____

DATE OF FIRST GRADUATE WORK AT DSU _____

Please complete and return this form to the Department of Graduate Programs DSU Box 3295

NOTE: This is not an application for graduation

FOR DEPARTMENT USE ONLY:

Completed Not Applicable

Completed	Not Applicable

SATISFIED DEPARTMENTAL ADMISSION REQUIREMENTS

SATISFACTORY TEST SCORE ON FILE (TEST NAME _____)

Resume' (EMBA students)

OFFICIAL TRANSCRIPT & NOTIFICATION TO POST TRANSFER WORK MUST BE ON FILE IN THE REGISTRAR'S OFFICE

3.0 GRADUATE G.P.A. TO DATE

PROGRAM OF STUDY ON FILE

BUSINESS II EXAMINATION

INCOMPLETE GRADES (IP)

APPLIED FOR _____ GRADUATION
Semester, Year

APPROVED FOR CANDIDACY: _____ DATE _____
COB Graduate Program Coordinator

Dean, College of Business DATE _____

******THIS FORM MUST BE SUBMITTED TO THE REGISTRAR'S OFFICE WHEN STUDENT HAS COMPLETED ALL REQUIREMENTS FOR DEGREE. OTHERWISE, THE STUDENT CANNOT PARTICIPATE IN COMMENCEMENT.******