

Application for Graduation

Name: _____ Date: _____

Student ID#: _____ Race: _____ Sex: _____

Height: _____ Coat/Bust Measurement: _____ Hat Size: _____

Home Address
(This information is for the commencement program.)

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

Master of Education Degree

- Counseling
 - School Counseling Emphasis
 - Community Counseling Emphasis
- Educational Leadership
 - Administration Emphasis Certification
 - Administration Emphasis Non-Certification
- Special Education
 - Teaching the Mildly/Moderately Disabled-
BSE in Special Education
 - Teaching the Mildly/Moderately Disabled-
Non BSE in Special Education
- Elementary Education
- Health, Physical Education & Recreation

Master of Arts in Teaching Degree

- Elementary Education
- Secondary Education

Educational Specialist Degree

- Educational Administration & Supervision
- Elementary Education

Doctor of Education Degree

- Doctor of Education in Professional Studies

Semester or Summer Session you plan to complete all requirements: _____
(This includes completing all requirements for your program plus the comprehensive exam, if applicable.)

For Office Use Only

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Comprehensive Exam | <input type="checkbox"/> Banner |
| <input type="checkbox"/> NCATE Approved | <input type="checkbox"/> DBASE |
| <input type="checkbox"/> NOT NCATE Approved | <input type="checkbox"/> GA/DA |

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

Graduate Advisor _____ Date _____

Division Chair _____ Date _____