

**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 _____ 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

| | | 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

******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.******