



Application for Degree

Date of Application: ____/____/____

Your name exactly 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 Pick-up (_____) Telephone Number

Degree Applying for: Please check only one, If you are in a Master & Doctoral fill out one form for each.

MSAc MSOM DAc DAcHM MSAc/DAc MSOM/DAcHM

Date expected to complete Degree Requirements: ____/____/____
 Month Year

To complete this application, you must do the following:

- Meet with your Advisor to obtain your unofficial transcript
- Attach your unofficial transcript to this Application for Degree
- Meet with the below departments for approval signatures
- Please pay Master's degree \$250.00 fee prior to submitting to the Registrar
- Please pay Doctoral degree \$125.00 fee prior to submitting to the Registrar
- 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: YES, issue degree
 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

| | YES | NO |
|------------------------------------------------|--------------------------|--------------------------|
| Program of Study and Transcript agree: | <input type="checkbox"/> | <input type="checkbox"/> |
| Program of Study successfully completed: | <input type="checkbox"/> | <input type="checkbox"/> |
| Credit Hours meet minimum requirement: | <input type="checkbox"/> | <input type="checkbox"/> |
| Satisfactory Academic Progress: | | |
| Within Maximum Time Frame | <input type="checkbox"/> | <input type="checkbox"/> |
| Cumulative GPA equal 3.0 for Master's/Doctoral | <input type="checkbox"/> | <input type="checkbox"/> |
| Approved for: | | |
| MSOM | | |
| MSAc | | |
| DAc | | |
| DAcHM | | |
| MSAc/DAc | | |
| MSOM/DAcHM | | |
| Degree Approved: | Yes | No |
| If no explain: | _____ | |
| _____ | _____/_____/_____ | Date |
| Academic Dean Signature | | |
| Graduation Date: | _____/_____/_____ | |

_____/_____/_____
 Registrar Signature Date

Notes:

- Pending Graduate Status completed Graduated Status completed
 Degree Ordered ____/____/____ Degree Sent ____/____/_____

Copy: Academic's (PF) Financial Aid Accounting