Millersville University
SEIZE THE OPPORTUNITY

Office of Graduate Studies (717) 872-3099

APPLICATION FOR GRADUATION

Please complete this form, obtain adviser and graduate coordinator signatures, and return it to the Office of Graduate Studies on or before the date indicated on the graduate calendar. This information will be used to order your diploma and for printing the commencement program; the form, therefore, must be completed **fully** and **accurately**.

Print your name exactly as you wish it to appear on your diploma:

_____ Student ID No._____

Current
Mailing Address: _____
Street City/State Zip Phone No.

Expected Completion of Degree Requirements
(check one)

- ☐ Spring (May)
- ☐ Summer I
- ☐ Summer II
- ☐ Summer III
- ☐ Fall (December)

Degree
(check one)

- ☐ M.A.
- ☐ M.B.A
- ☐ M.Ed.
- ☐ M.S.
- ☐ M.S.N
- ☐ M.S.W

Major *(be specific)*

_____

I am completing
(check one)

- ☐ Thesis
- ☐ Research Project
- ☐ Non-research Option

Name of Research Adviser, if applicable:

_____

Program requirements (including courses, research, exams, internship, etc.) in progress:

_____
_____
_____
_____
_____

Degree Candidacy:

Have you been advanced to degree candidacy by your graduate program? ☐ Yes ☐ No

If yes, what semester/year was this received?
Fall Winter Spring Summer - Year _____

Millersville University has two commencement ceremonies each year: one in December for summer and fall graduates only, and one in May for spring graduates only.
I plan to attend the commencement ceremony for which I am eligible …… ☐ YES ☐ NO
(If your attendance decision should change, please notify the Office of Graduate Studies in writing.)

Signature of Student _____ Date _____

Signature of
Program Adviser _____ Date _____

Signature of
Graduate Coordinator _____ Date _____

11/06