

## 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 for the term you plan to graduate. The deadline is generally within the first few weeks of the term for fall and spring or the first week for summer terms.** 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 (this is the address your diploma will be mailed to):

\_\_\_\_\_

Street	City/State	Zip	Phone No.
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\_\_\_\_\_ E-mail Address (this will be used to send commencement information)

**Expected Completion of Degree Requirement**

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Degree Candidacy:**

Have you been advanced to degree candidacy?

**Yes                  No**

If yes, what semester/year was this received?

Fall Winter Spring Summer - Year \_\_\_\_\_

The graduate student commencement ceremony is held in May for all students who have completed their program from summer-spring that year. For details [www.millersville.edu/commencement](http://www.millersville.edu/commencement).

**I will attend the commencement ceremony for which I am eligible .....  YES     NO**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Program Adviser \_\_\_\_\_ Date \_\_\_\_\_

Signature of Graduate Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Signature of Department Chair *(if required by dept.)* \_\_\_\_\_ Date \_\_\_\_\_