

APPLICATION FOR GRADUATION

This application is valid for the current term only

Application for: May January August 20__

Are you reapplying? Yes No

Print your proper name using upper and lower case as you want it to appear on your diploma. **Please verify with the Registrar's Office that your name appears on your student record as you have listed below. If you do not verify this information with the Registrar's Office, the name on your diploma may be printed incorrectly and cannot be changed.**

Print (First) (Middle) (Last/Family)

How is your name pronounced? _____

Student ID:		Date of Birth:	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other
If you are NOT a U.S. citizen, print country of origin:			
If you are a U.S. citizen, indicate ethnicity:		<input type="checkbox"/> Native American <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other	

E-Mail:			
Present Address		Forwarding Address, Effective Date _____	
_____		_____	
_____		_____	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	

Please check one of the following options for receiving your diploma: I will pick it up Mail it to me

Degree: <input type="checkbox"/> Ph.D. <input type="checkbox"/> M.S. <input type="checkbox"/> M.P.H. <input type="checkbox"/> M.F.A. <input type="checkbox"/> M.A. <input type="checkbox"/> M.S. (Engineering) <input type="checkbox"/> D.M.A.	Master's: <input type="checkbox"/> BS/MS <input type="checkbox"/> IGS <input type="checkbox"/> Dual Degree _____	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B

Department:		Specialization:	
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Adviser:		Advancement to Candidacy Date (Ph.D.):	
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Master's Students, will you: terminate with Master's Degree **or** go on to pursue Ph.D. at CWRU

Print Title of Thesis or Dissertation using upper and lower case:

List all prior degrees earned, indicating for each degree the institution and date awarded:

It is the student's responsibility to secure the signatures of the Adviser and Department Chair, indicating the probability of the completion of requirements for the term indicated. This application must be submitted to the School of Graduate Studies by the application deadline for the current term.

Student's Signature: _____ Date: _____

Adviser's Signature: _____ Date: _____

Department Chair's Signature: _____ Date: _____

All engineering students must submit this form to the Associate Dean of Engineering's Office one week before the application deadline for the School of Graduate Studies.

Associate Dean of Engineering: _____ Date: _____