

Application for Graduation – Master's Degree

Name: _____ **Student ID:** _____
Last First Middle

Complete Address: _____
Street City State Zip

Phone: () ***IU E-mail Address:** _____

*Notes: The name that will appear on your diploma is the name corresponding to your SID in the student record system. Please inform the Student Records office if you change your address.
 E-mail address must be valid & current as this will be the official method of communication for information about degree completion and graduation ceremony.

Graduation Application Deadlines: November 15 (December Grads), **February 1** (May Grads and Commencement Participants), **May 15** (June Grads), **July 15** (August Grads).

Date of Degree Completion: May June August December 20_____

Do you intend to participate in Commencement ceremonies? Yes No

Note: In order to participate in Commencement you will need to order a cap and gown through the university bookstore.

Do you have a disability that requires accommodation or assistance at Commencement? Yes No

If applying for two equivalent degrees, or if a previous equivalent degree has been awarded, you must get signed approval from the Executive Vice Chancellor for Academic Affairs. You may pick up the appropriate form in the Student Records office.

Do you **already** have another Masters Degree **from Indiana University** (not the degree you are currently applying for)? Yes No If yes please list the degree _____

Previous Degrees

Degree	School	Year

Degree for which you are applying:

Master of Science in Education EDUC

Master of Social Work SWK

Are you currently enrolled in classes at another campus, or enrolled in any independent study courses? Do you have any transfer credits outstanding?

Yes No

If you answered yes, please list the campus & course(s):

List below all the courses you have not completed that are needed for your degree requirements. List the courses by semester:

I have read this application and understand what my responsibilities are as a tentative graduate.

Today's Date

Applicant's Signature

Submit to your Program Director for appropriate signature

For the Auditor:

I have reviewed this student's transcript and thus certify that this student may register as a tentative graduate.

Today's Date

Auditor's Signature