



# Application for Graduation For Master's Degrees

Return completed,  
receipted form to:  
School/College Office

Page 1 of 2

Please consult the Academic Calendar for application deadlines for January, May, and August graduation dates.  
This form will not be accepted without having been receipted by Cash Operations. Fees are subject to change.

## STUDENT INFORMATION

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_  
First, Middle, Last as you wish your name to appear on your diploma

Current Address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Do not write in this space.  
For Cash Operations only.

Graduation Fee: \$35  
800-4902-102480000

## Degree Information

Degree Sought \_\_\_\_\_ Graduation Date:  
January ☐  
May ☐ year \_\_\_\_\_  
August ☐

Program \_\_\_\_\_

College \_\_\_\_\_

Advisor \_\_\_\_\_

Last Semester Registered (fill in year):

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer 1 \_\_\_\_\_ Summer 2 \_\_\_\_\_

Current Courses

Dept.	Course #	Title	Hours	Semester	Instructor
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Do not write in this space.  
For Cash Operations only.

Mailing Fee: \$7.35  
(non-refundable)  
800-4999-103940000

## Mailing Information

To receive your diploma in the mail for an additional charge of \$7.35, please fill in your permanent mailing address below:

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_



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## Credit and Completion Information

Have you requested a transfer of credit to your current program? \_\_\_\_\_

☐ Yes ☐ No

If yes, has the request been approved in writing? \_\_\_\_\_

☐ Yes ☐ No

Where was the course(s) taken? \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date Completed

If you have been accepted into a more advanced degree program, check which one: ☐ Ph.D. ☐ D.M.A. ☐ Ed.D.

Please list Incomplete, Unreported, and/or Missing Grade(s):

Dept. _____	Course # _____	Title _____	Semester _____	Instructor _____
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Dept _____	Course # _____	Title _____	Semester _____	Instructor _____
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## Semester Hours

Grad Hours Completed to Date at Temple \_\_\_\_\_

Transfer Credit (from other institutions) \_\_\_\_\_

Incompletes and/or NRs \_\_\_\_\_

Currently Registered \_\_\_\_\_

TOTAL \_\_\_\_\_

Hours Required by Your Program \_\_\_\_\_

## Completion Options

☐ Coursework only ☐ Comprehensive Exam

☐ GPA 3.5 or above ☐ Creative Work

☐ Project ☐ Capstone Course

☐ Thesis\* (MSEd only)

\*Approved by Grad Office 501 Carnell Hall

☐ Yes ☐ No

☐ Title page of thesis attached

Completion Option Approved by Advisor

☐ Yes ☐ No

## Undergraduate Degree Information

Undergraduate Degree _____	University _____
City _____	State _____ Date ____ / ____ / ____

Additional Degree _____	University _____
City _____	State _____ Date ____ / ____ / ____