



**Application for Graduation
For Master's Degrees**

*Return completed,
receipted form to:
School/College Office*

**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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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
_____	_____	_____	_____	_____
Dept	Course #	Title	Semester	Instructor
_____	_____	_____	_____	_____

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

- | | |
|---|---|
| <input type="checkbox"/> Coursework only | <input type="checkbox"/> Comprehensive Exam |
| <input type="checkbox"/> GPA 3.5 or above | <input type="checkbox"/> Creative Work |
| <input type="checkbox"/> Project | <input type="checkbox"/> Capstone Course |
| <input type="checkbox"/> 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	