



Please consult the Academic Calendar for application deadlines for January, May, and August graduations.
This form will not be accepted by your school/college without having been receipted by the Bursar's Office.
Fees are subject to change.

NONREFUNDABLE FEES

	Account Number	Fee
Graduation	800-4902-109000000	\$45.00
Late Filing Fee, <i>if applicable</i>	800-4902-109000000	\$25.00

SECTION I: STUDENT INFORMATION

Name (First, Middle and Last as your name is to appear on your diploma*)		TUId
Current Mailing Address (including City, State and Zip Code)		
Home Telephone () -	Work Telephone or Cell Number () -	Temple E-mail

* With the exception of including your middle name, your name will appear on your diploma as it is listed on OWLnet. If your name has changed, you must submit a completed "Name Change Request Form" to the Office of Academic Records in order for your new name to appear on your diploma.

SECTION II: MASTER'S DEGREE INFORMATION

Degree Sought <input type="checkbox"/> M.S. <input type="checkbox"/> M.M. <input type="checkbox"/> M.A. <input type="checkbox"/> Ed.M. <input type="checkbox"/> M.B.A. <input type="checkbox"/> M.F.A. <input type="checkbox"/> M.S.Ed. <input type="checkbox"/> M.B.A./M.S. <input type="checkbox"/> M.P.H. <input type="checkbox"/> M.S.E. <input type="checkbox"/> Ed.S. <input type="checkbox"/> M.Arch. <input type="checkbox"/> M.J. <input type="checkbox"/> M.L.A. <input type="checkbox"/> M.H.M. <input type="checkbox"/> M.M.T. <input type="checkbox"/> M.O.T. <input type="checkbox"/> M.S.N. <input type="checkbox"/> M.S.W. <input type="checkbox"/> M.T.H.M.	Degree Completion Option <input type="checkbox"/> Coursework Only <input type="checkbox"/> Comprehensive Examination <input type="checkbox"/> Thesis (<i>Attach a copy of title page</i>) <input type="checkbox"/> Capstone Course <input type="checkbox"/> Creative Work <input type="checkbox"/> GPA 3.5 or greater <input type="checkbox"/> Project <input type="checkbox"/> Qualifying Paper	Graduation Date, including Year <input type="checkbox"/> January _____ <input type="checkbox"/> May _____ <input type="checkbox"/> August _____ FOR SCHOOL/COLLEGE USE ONLY: Thesis is on the Graduate School's accepted list for the current graduation cycle. <input type="checkbox"/> Yes <input type="checkbox"/> No Completion Option is approved by advisor. <input type="checkbox"/> Yes <input type="checkbox"/> No
School/College	Program	Advisor
Last Semester of Registration, including Year <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer I _____ <input type="checkbox"/> Summer II _____		

SECTION III: PRIOR DEGREE INFORMATION

Undergraduate Degree	Month/Year Earned	University	City	State
Other Degree	Month/Year Earned	University	City	State

Please consult the Academic Calendar for application deadlines for January, May, and August graduations. This form will not be accepted by your school/college without having been receipted by the Bursar's Office. Fees are subject to change.

SECTION IV: TRANSFER CREDITS

Have you requested a transfer of credits to your current program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the request been approved in writing? <input type="checkbox"/> Yes <input type="checkbox"/> No
At what institution was the coursework taken?	When was the coursework taken?

SECTION V: SEMESTER HOUR CHECKLIST

Graduate Credits Completed to Date at Temple University	
Transfer Credits from Other Institutions	
Credits for Which You are Currently Registered	
TOTAL	
Total Number of Credits Required by Your Program for Degree Completion	
Number of Incompletes, Not Reported, and/or Missing Grades	

If you have been accepted into a more advanced degree program, please indicate:

☐ Ph.D. ☐ Ed.D. ☐ D.M.A. ☐ D.O.T. ☐ D.P.T.

SECTION VI: CURRENT REGISTRATION

Department	Course #	Title	Hours	Semester	Instructor
Department	Course #	Title	Hours	Semester	Instructor
Department	Course #	Title	Hours	Semester	Instructor

SECTION VII: MAILING INFORMATION

To ensure proper delivery of your diploma by mail, please type or LEGIBLY print your permanent mailing address below:

Street		
City	State	Zip Code

SECTION VIII: SUBMISSION CHECKLIST

- ☐ Ensure that all relevant sections of this form are completed.
- ☐ Return form to your school/college office along with a receipt from the Bursar's Office showing payment of the appropriate fee(s).