

# Office of Graduate Studies



## Application for Graduation

Name \_\_\_\_\_ Tech ID \_\_\_\_\_  
 \_\_\_\_\_  
 Type your name as you want it to appear on your diploma

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 House/apt. number and street name City State Zip

Diploma Address \_\_\_\_\_  
 \_\_\_\_\_  
 \*If different from mailing address\* City State Zip

Note: Your diploma will be mailed to this address. If your diploma address changes, update it online or contact the College of Graduate Studies with the change.

INTERNATIONAL SHIPMENTS: If you require your diploma to be mailed outside of the United States, you must create an account through eShipGlobal and select "Registrar's Office" as the contact. eShipGlobal site: <https://study.eshipglobal.com/>

Email \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Term of Graduation (check one) Summer Fall Spring Year \_\_\_\_\_

Degree and/or Certificate \_\_\_\_\_  
 \_\_\_\_\_  
 Degree/Certificate Type and Program

Capstone Thesis APP Other \_\_\_\_\_

If applicable, please note the IRB or IACUC approval #: \_\_\_\_\_

\_\_\_\_\_  
 Required Student Signature Date

**Note:** List only the courses that will apply toward your program on the **second page of this form**.

### Approvals

ALL Applications for Graduation require department signatures before being submitted to the Office of Graduate Studies. The degree level or the type of capstone determines the number of signatures required.

- a. Masters students **with** a graduate committee – Signatures on lines 1 AND 2 are required along with the signatures of all other committee members.
- b. Certificate Programs – Signatures on lines 1 AND/OR 2 are required.
- c. Masters students **without** a graduate committee – Signatures on lines 1 AND 2 are required.

Submit to the Graduate Studies Office only after all required signatures are obtained.

1.	_____	_____	_____
	Advisor/Chair of Committee Signature	(Print Name)	Date
2.	_____	_____	_____
	Department Graduate Program Coordinator Signature	(Print Name)	Date
3.	_____	_____	_____
	Committee Member Signature	(Print Name)	Date
4.	_____	_____	_____
	Committee Member Signature	(Print Name)	Date

