

OFFICE OF GRADUATE STUDIES & RESEARCH

Application for Graduation

Complete this form in consultation with your major advisor. Please remove any and all deficiencies including incomplete ("I") grades with the exception of Thesis, Project, and Dissertation grades. This form will be used to order your diploma. Please **TYPE** your **LEGAL NAME OF RECORD**, as shown on all official TSU documents. Your current legal name as printed on your records will appear on your diploma.

IF FOR ANY REASON THE REQUIREMENTS FOR THE DEGREE ARE NOT COMPLETE, IT WILL BE NECESSARY TO APPLY AGAIN.

First Name _____	Middle Name _____	Last Name _____		
Social Security #: _____	Day Phone: _____	Home Phone: _____		
Street Address _____				
City, State, Zip _____				
<p>Check the degree you expect to receive:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Master of Arts (MA) <input type="checkbox"/> Master of Arts in Education (MAED) <input type="checkbox"/> Master of Business Administration (MBA) <input type="checkbox"/> Master of Criminal Justice (MCJ) <input type="checkbox"/> Master of Education (MED) <input type="checkbox"/> Master of Engineering (ME) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Master of Public Administration (MPA) <input type="checkbox"/> Master of Science (MS) <input type="checkbox"/> Master of Science in Nursing (MSN) <input type="checkbox"/> Specialist in Education (EDS) <input type="checkbox"/> Doctor of Education (EDD) <input type="checkbox"/> Doctor of Philosophy (PHD) </td> </tr> </table>			<input type="checkbox"/> Master of Arts (MA) <input type="checkbox"/> Master of Arts in Education (MAED) <input type="checkbox"/> Master of Business Administration (MBA) <input type="checkbox"/> Master of Criminal Justice (MCJ) <input type="checkbox"/> Master of Education (MED) <input type="checkbox"/> Master of Engineering (ME)	<input type="checkbox"/> Master of Public Administration (MPA) <input type="checkbox"/> Master of Science (MS) <input type="checkbox"/> Master of Science in Nursing (MSN) <input type="checkbox"/> Specialist in Education (EDS) <input type="checkbox"/> Doctor of Education (EDD) <input type="checkbox"/> Doctor of Philosophy (PHD)
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Major _____		Concentration _____		
Number of Hours Completed in Major _____	To be Completed _____	Cumulative G.P.A _____		
Expected date of graduation (month/year) _____				
Have you taken Comprehensive Exams? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____			
Thesis, Project, Dissertation Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, title: _____			
Are you qualifying for Teacher Education? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Previous degrees earned: _____	Degree _____	University _____ Date _____		

Student's Signature

Date

Recommended by:

Approved by:

Advisor **Date**

Dean of Graduate School **Date**

Dept. Head **Date**

Dean of College/School **Date**