

## Application for Master's Degree

Handwritten forms will not be accepted.

Name: \_\_\_\_\_ ID# \_\_\_\_\_  
Last Name First Name Middle Name

I wish to apply for the following degree at the conclusion of the \_\_\_\_\_ Fall Semester, 20\_\_\_\_ Spring Semester, 20\_\_\_\_  
 Summer Semester, 20\_\_\_\_

- |   |   |
|---|---|
| Master of Arts * (Communication Studies) {0600} | Master of Engineering {0900}                        |
| Master of Arts * (Education) {0800}             | Master of Fine Arts * (Drama) {1007}                |
| Master of Arts * (Pastoral Ministry) {2399}     | Master of Science (Finance) {0515}                  |
| Master of Arts in Teaching {0809}               | Master of Science (Management Communication) {0698} |
| Master of Business Administration {0501}        | Master of Science (Nursing) {1201, 1222}            |
| Master of Education {0801}                      | Other: _____  |

\*Thesis title (if applicable): \_\_\_\_\_

**Permanent Home Address:** *(Please note, if you do not pick up your diploma at the Office of the Registrar, it will be mailed to the address you provide here.)*

\_\_\_\_\_  
Number and Street Phone

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

Local Address where I can be reached until the time of Commencement:

\_\_\_\_\_  
Number and Street City State Zip Code Phone

I will type my legal name below exactly as I wish it to appear on my diploma.  
*(Please make sure to show all upper and lower cases, spacings, hyphenations or other accent marks. You may handwrite accent marks.)*

\_\_\_\_\_  
First Name Middle Name Last Name

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*Do not write below this line.*

Total number of hours required for this degree: \_\_\_\_\_

Decision of the Graduate Program Director/Graduate Dean:

All degree requirements have been completed.

Approved subject to successful completion of the following items:

Current coursework (specify): \_\_\_\_\_

Transfer of credit (specify): \_\_\_\_\_  
Number of hours Name of Institution Year & Term taken

Thesis Other (specify): \_\_\_\_\_

Disapproved because of the following: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Graduate Program Director Date

\_\_\_\_\_  
 Signature of Graduate Dean Date

*Office of the Registrar*

Entered in Banner \_\_\_\_\_ Approval conditions in Banner \_\_\_\_\_