REGISTRAR'S OFFICE GRADUATE DEGREE APPLICATION

Part I: To be completed Please type or print clea	by candidate Student numbers Student S	ber:		
Name:				
(As you wis	ish it to be printed on your diploma	a. Name must be th	e same on file.))
Diplomas will be mailed	d out to the address on file.			
rogram:				
Degree: (Circle one)	MA MS MEd CAGS	PhD EdD		
Anticipated degree date: I	May/June 20 Augu	ust 20	December	20
	year	year		year
	rses to be counted towards you		1	T
DEPT/COURSE NO.	COURSE TITLE	SEM/YR TAKEN	CREDIT	GRADE
Cransfer Credit: ON A	ND OFF CAMPUS			
INSTITUTION	COURSE TITL		EM/YR AKEN	CREDIT
For courses taken at and credit will be granted.	other institution an official (transcript must	t be on file b	efore transfe
_	dge the information given above	ve is correct and	complete.	
Signature of candidate:	-		Da	te:

This completed form with the required signatures and the \$150.00 commencement fee is due in the Registrar's Office by the date indicated at: www.registrar.umb.edu/audits.html..

Part II (A-E) To be completed and signed by the Graduate Program Director (Indicate Dates)

A. Language Exam: (Indicate Language and Date)_ Passed Failed Not A	
B. Capstone Requirement: (Indicate Date)	
Passed Failed	
Capstone requirement consisted of: (this will be a Please circle type(s): 1. Thesis/Dissertation 2. Written Exam 3. W	- 1
	-
5. Seminar 6. Project 7. Practicum/Internsh	ip 8. Curriculum Unit
9. Other	
C. PhD/EdD Oral Exam: (Indicate Date) Passed	FailedNot Applicable
D. Masters Thesis/Doctoral Dissertation Committee: _	Not Applicable
-	
	sitted to the Office of Cuadwate Studies
Thesis/Dissertation and binding fee must be subm	inted to the Office of Graduate Studies.
E. Graduate Program Director's Approval.	
I recommend that	be
awarded	
May/June 20 August 20 December 20 The candidate has been verified from my program's records	
Current Se mester Grade(s) □	Comp Exam/General Master's Exam□
Capstone Requirement □	Thesis/Dissertation Defense □
Thesis/Dissertation Binding □	
Comments:	
Graduate Program Director's Signature:	
Date:	

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