

Application for Graduation Master's Degree Programs

Today's Date _____

To be completed by the Student
Please print all information.

Name

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M M Y Y

Anticipated Date of Graduation

Address

City State Zip

Student ID#

Home Phone Other Phone

Degree Sought

Email Address

Name of Thesis/Capstone Chair

To be completed by the Graduate Coordinator or Graduate Advisor

Current Semester Enrollment

Current Graduate GPA _____
(include transfer hours, hours for approved classes taken before official admittance, and any undergrad classes taken as part of the graduate degree)

Requirements Remaining
Required Core

Other comments (e.g., transfer hours applied):

Electives

Graduate Coordinator's Signature Date

Thesis/Capstone Defense Date (if known): _____

Graduate Advisor's Signature Date

Portfolio _____

Associate Dean's/Dean's Signature Date

To be completed by the Associate Dean

Thesis/ Capstone Project: _____ passed _____ not passed

Graduation Portfolio: _____ submitted _____ not submitted

Degree Awarded: _____

UHD Graduate GPA: _____

Major: _____

"AF" code entered: _____

Track/Concentration: _____

"GA" code entered: _____