

GRADUATE/PROFESSIONAL STUDENT APPLICATION FOR GRADUATION

Complete this form in consultation with the graduate advisor supervising your degree/certificate program in the term in which you are on track to complete all degree/certificate requirements, including coursework and additional degree requirements such as clinical hours, comprehensive exams, portfolios, theses or dissertations. The advisor's signature is required. **Students enrolled in programs leading to teacher certification must have this form stamped by the Education Licensure Office (ED 203). No applications will be accepted by the Graduate School without these approvals and signatures.**

The deadline for filing is published each term in the CSU Class Schedule Bulletin and is generally the 4th Friday following the start of classes for the term. A one-time \$50 nonrefundable-processing fee is required. Students may pay by check, money order, cash or credit at the cashier's window, Cook Administration Building, 2nd floor. There is an additional fee for students who wish to participate in the university's commencement exercise, normally held at the end of the fall & spring terms. Visit the Commencement page at csu.edu/commencement.

If for any reason the requirements for the degree are not completed in the term applied, the student must refile by the deadline of the term in which all degree requirements are met.

Term Entered Program: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____	
Term Completing Program: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____	
First Name:	Middle Name*:
Last Name:	
Student ID #:	Cell Phone:
Home Phone:	
Please make sure your name and permanent address are correct in Cougar Connect as of April 30 (Spring), June 30 (Summer) and October 30 (Fall). Update through Cougar Connect Self-Serve or Contact the Registrar's Office for official name change. Updates made before dates listed above are used for diplomas. * If your middle initial is part of your CSU student record and you want your middle name on your diploma, print clearly.	
CSU email address: _____ (note: all correspondence is through your CSU email.)	
Check the degree/certificate you expect to receive (one degree/certificate per application):	
<input type="checkbox"/> Master of Arts (MA)	<input type="checkbox"/> Master of Science (MS)
<input type="checkbox"/> Master of Arts in Teaching (MAT)	<input type="checkbox"/> Master of Social Work (MSW)
<input type="checkbox"/> Master of Science in Education (MSED)	<input type="checkbox"/> Master of Occupational Therapy (MOT)
<input type="checkbox"/> Master of Fine Arts (MFA)	<input type="checkbox"/> EdD in Educational Leadership (EDDL)
<input type="checkbox"/> Master of Public Health (MPH)	<input type="checkbox"/> PharmD in Pharmacy
<input type="checkbox"/> Master of Nursing (MSN)	<input type="checkbox"/> Graduate Certificate
Program	Concentration (if applicable)
Did you complete a special (student) teaching experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Completion? ____
Have you passed the comprehensive exam? Yes No	If yes, when _____
Which of the following are you completing as part of your graduate program? Dissertation* Thesis* Capstone Project Other (specify)	Title
Dissertations and theses are posted on the CSU ProQuest site.	Advisor

By signing you acknowledge that you have read and understand all of the above information and have made a copy of this application for your records.

Student's Signature	Date
----------------------------	-------------

Recommended by:	Approved by:
------------------------	---------------------

Graduate Advisor (required)* Date
By signing, I acknowledge that the student is on track to graduate in the term of application and has fully completed this form.

Dean of Graduate School Date
--

Graduate School Office Use
Amount Paid: _____
Processing Receipt No. _____
Re-filer: <input type="checkbox"/> Yes <input type="checkbox"/> No

*Education Licensure Date

*All students completing a program in either: School Counseling, School Social Work, Reading, Library Science, Principal Preparation, Special Education and Superintendent Endorsement must have this form stamped by the Education Licensure Office (ED 203) PRIOR to submitting to the Graduate School. Non-stamped forms will be returned.