



Degree Candidate Form - Graduate Arts & Science

Name: _____ Date _____
* Print name exactly as it is to appear on your diploma (first, last, etc.)

Maiden Name: _____ Social Security # _____

Day Phone #: _____ Night/Cell # _____ ID# _____

Address: _____
(street) (city) (state) (zip)

I Do Do Not Plan to walk in the Graduation Ceremony. Male Female

I expect to complete all degree work in June / August / February of 20_____. (fill in date)

DEGREE TO BE RECEIVED: (Please check only one)

<input type="checkbox"/> M.A. Mass Communications <input type="checkbox"/> M.S. Computer Science <input type="checkbox"/> M.S. Criminal Justice <input type="checkbox"/> M.S. Education - Specializing in: _____ <input type="checkbox"/> M.S. Teaching - Specializing in: _____ <input type="checkbox"/> M.S. Educational Technology <input type="checkbox"/> M.A. English <input type="checkbox"/> M.S. Family Counseling <input type="checkbox"/> M.S. Health Services Administration	<input type="checkbox"/> M.A. History <input type="checkbox"/> M.S. Journalism <input type="checkbox"/> M.S. Marriage and Family Therapy <input type="checkbox"/> M.A. Psychology <input type="checkbox"/> M.A. Spanish <input type="checkbox"/> M.S. Telecommunications <input type="checkbox"/> Certificate in: _____ <input type="checkbox"/> Advanced Certificate in: _____	<p>FOR OFFICAL USE</p> <p>GPA: _____</p> <p>HONORS: _____</p> <p>DATE: _____</p> <p>X: _____ (Dean's Office Official)</p>
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