



Degree Candidate Form - Hagan School of Business

Name: _____ Date _____

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

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 Jan. Feb. April June Aug. of 20_____. (fill in date)

DEGREE TO BE RECEIVED: (Please check all that apply)

<p>MBA</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accounting - General <input type="checkbox"/> Accounting - Public <input type="checkbox"/> Financial Management <input type="checkbox"/> Health Care Management <input type="checkbox"/> Human Resource Management <input type="checkbox"/> Information Systems <input type="checkbox"/> Management <input type="checkbox"/> Marketing 	<p>CERTIFICATES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Business Continuity and Risk Management <input type="checkbox"/> E-Commerce <input type="checkbox"/> General Accounting <input type="checkbox"/> Health Care Management <input type="checkbox"/> Infrastructure Management <input type="checkbox"/> International Business <input type="checkbox"/> Long Term Care Management <input type="checkbox"/> Public Accounting <input type="checkbox"/> Sports and Entertainment Business <input type="checkbox"/> Post Master's 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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