

Western Connecticut State University
Division of Graduate Studies * Application for Graduation
Fax To: (203) 837-8326

Month of Graduation: January May August Year of Graduation: _____

Deadline to apply for graduation: January graduation (apply by October 1) May graduation (apply by December 1)
August graduation (apply by February 1).

Name _____ ID# _____
Last First

Carefully print your name exactly as you wish it to appear on your diploma:

PRINT NAME: _____

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

Telephone _____ Cell _____

Email _____

Please Check Degree Program:

_____ Master of Arts: *Biological & Environmental Science* *Earth & Planetary Science*
 English *History*
 Mathematics

_____ Master of Arts in Teaching: Biology Mathematics Spanish

_____ Master of Business Administration

_____ Master of Fine Arts *Creative and Professional Writing*

_____ Master of Fine Arts *Visual Arts*

_____ Master of Health Administration

_____ Master of Science in Counselor Education *Clinical Mental Health Counseling*

_____ Master of Science in Counselor Education *School Counseling*

_____ Master of Science: *Curriculum* *Instructional Technology* *Reading* *Special Education*

_____ Master of Science Justice Administration

_____ Master of Science in Music Education

_____ Master of Science in Nursing *Adult Nurse Practitioner*

_____ Master of Science in Nursing *Clinical Nurse Specialist*

_____ Doctor of Education in Instructional Leadership

* Your diploma will be mailed to you approximately 6 to 8 weeks after graduation contingent upon official approval by the Division of Graduate Studies. In addition, all fees owed the University must be paid before you will receive your degree.

The above statements are verified by signature: _____
(signature) (date)

Office Use Only:

Approved for Graduation (date) _____ Denied: _____ Other: _____

Total Credits Earned _____ Thesis _____ Comp Exam _____ Other _____

Denied: Missing Course(s) _____ Thesis _____ Comps _____ Other _____

Notes: