



A Member of The Texas A&M University System

APPLICATION FOR GRADUATION - MASTER'S DEGREE

CWID or SSN _____ Name _____

Permanent Mailing Address _____ City & State _____ Zip _____ Area Code/Phone Number _____

Local Mailing Address _____ City & State _____ Zip _____ Area Code/Phone Number _____

Please PRINT your legal name **EXACTLY** as you want it to appear on your diploma. Names, order, capitalization, accents, etc. must be CLEAR. Please print in upper and lower case.

Diploma Name: First _____ Middle _____ Last _____

Your name will be listed on the graduation program as it appears on your diploma unless otherwise indicated.

Graduation Date: _____ **Major/Specialization/Concentration:** _____

- May _____ Year
- December _____ Year
- Summer* _____ Year

Degree: _____
(List of degrees is available Appendix B of both the print and web catalog.)

*Students who finish requirements in any of the summer terms receive their diplomas in late August and are invited to attend the following December ceremony along with the December graduates.

Signature _____ Date _____

If you will be graduating *in-absentia*, please check

Graduation fees are due by the deadline posted in the University catalog and/or the current semester schedule. Please pay fee by specified due date at the **Business Office** window and bring your receipt to the Registrar's Office.

Diploma fee: \$20	Receipt #	Received by:	Date:
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Department Use Only

The above named student is cleared to apply for graduation for the semester checked above.

Comments: _____

Copy - Student _____ Department Chair _____ Date _____