Graduate School
Application for Graduation

To Be Completed by Student:

Name to be printed on diploma _____

WSCU Student ID _____ Birth Date _____/_____/_____

Current address _____City _____State ____ Zip ____

Phone (_____)_____ Email _____

Post-graduation address _____ City _____ State ____ Zip _____

Phone _____ Email _____

Anticipated graduation date 20____ Fall_____ Spring _____ Summer _____

Will attend Master's hooding ceremony Yes _____ No _____

Hometown for commencement program _____

Name of newspaper for news release _____

Student Signature _____ Date _____

If you have signed a Student Right to Privacy form requesting the Registrar's Office to withhold the disclosure of "Directory Information" (FERPA Guidelines), your name, hometown, and degree will not appear in the commencement program or public newspapers, please indicate by initialing.
_____No, I have not signed a Student Right to Privacy Hold.
_____Yes, I wish to release my Student Right to Privacy hold for the purposes stated above.

Undergraduate School Degree _____ City _____ State __

Name preferred to be recognized as (nickname) _____

Names and addresses of friends or other relatives who have attended Western:

_____

_____

Do you have a previous degree from Western? Yes _____ No _____ Year _____

Major _____ Minor _____

Name of other university or college attended where a degree was earned _____

Major _____ Minor _____

To be completed by advisor and department chair

Please check the program that student is completing

	Master of Arts in Education, Teacher Leadership
	Master of Arts in Education, Reading Leadership
	Master of Arts in Education, Educational Administrator Leadership
	Master in Environmental Management, Integrative Land Management
	Master in Environmental Management, Sustainable and Resilient Communities
	Master of Fine Arts in Creative Writing, Commercial Writing
	Master of Fine Arts in Creative Writing, Poetry with an Emphasis in Formal Verse
	Master of Fine Arts in Creative Writing, Screenwriting
	Master of Fine Arts in Creative Writing, Publishing Certificate

Semester Hours Completed _____ Cumulative GPA _____

List **ONLY** Courses (In Progress) **REQUIRED** to complete degree

_____ _____

_____ _____

_____ _____

Faculty Advisor Signature _____ Date _____

Department Chair Signature _____ Date _____

Department Chair please forward to Graduate Office once completed.

For Graduate Office Use Only:

Copy to Registration Services Office _____
Signature Date

Coursework Completed _____
Semester Year

Thesis delivered to Graduate School _____
Signature Date

Associate Vice President for Graduate Studies _____
Signature Date

Written Comps passed _____ Final GPA _____
Semester Year

To Registration Services Office for Degree Posting _____
Signature Date