

APPLICATION FOR ADVANCED DEGREE

UNIVERSITY GRADUATE SCHOOL

Month in which you wish degree to be conferred _____

Please note that if this date changes you must notify the Recorder for your name to appear in the Commencement program _____ (please initial here).

Diplomas are mailed by the Office of the Registrar approximately three months after the degree is conferred.

SS# / UNIV. ID: _____ DATE OF BIRTH: _____

NAME: _____

Current address _____

Permanent Address _____

Street _____

Street _____

(City - State) _____ (Zip) _____

(City - State) _____ (Zip) _____

Local telephone number (_____) _____

Email Address _____

Did you ever attend a regional campus for graduate credit? Yes ___ No ___

If yes, where and when _____

Will you be transferring credit from another institution for this degree? Yes ___ No ___

If yes, from where and how many credit hours _____

Have you ever been a Continuing Nondegree Student? Yes ___ No ___

Will you be continuing work for the Ph.D. at I.U.? Yes ___ No ___

Check appropriate boxes

Master of Arts Department/Program _____ Major _____
() with thesis
() with research skill (specify courses) _____
() with language (specify language and how fulfilled) _____
() with essay, internship, or project
() with exam (date completed) _____

Master of Science Department/Program _____ Major _____
() with thesis
() with research skill (specify courses) _____
() with language (specify language and how fulfilled) _____
() with exam (date completed) _____

Master of Fine Arts Department/Program _____ Major _____
() date of thesis show _____
() with thesis _____

Master of Arts for Teachers* Department/Program _____ Major _____

*** Copy of Public Instruction Teacher's License must be submitted to the Master's Recorder, Kirkwood Hall 111. Please return this form to the University Graduate School, Kirkwood Hall 111.**

Diploma will be sent to address on official University records.
Please check your address at the Office of the Registrar, Franklin Hall 100.