



CLARK ATLANTA UNIVERSITY APPLICATION FOR GRADUATE GRADUATION

Check the appropriate box: Master's Doctoral Specialist MBA Working Professional Program

Check expected date of graduation: May 20__ July 20__ Aug 20__ December 20__

SECTION ONE: STUDENT INFORMATION

NAME		ID#	
Name as it should appear on your Diploma (Name must be listed already in Bannerweb)			
CAU E-MAIL		ALTERNATE E-MAIL	
Local Address		Local Phone Number () Cell Phone Number ()	
City	State	Zip Code	
Diploma Address	City	State	Zip Code
Thesis/dissertation Title:			
College from which you received your Bachelor's Degree			
Name of College/University		Degree	Year Conferred
List higher degree(s) received:		Degree	Year Conferred
Name of College/University			
List higher degree(s) received:		Degree	Year Conferred
Name of College/University			

SECTION TWO: DEGREE EXPECTED: CHECK APPROPRIATE BOX

- | | |
|----------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> M.A. (Master of Arts) | <input type="checkbox"/> Ed.S. (Specialist in Education) |
| <input type="checkbox"/> M.A. (Master of Arts in Education) | <input type="checkbox"/> D.A.H. (Doctor of Arts in Humanities) |
| <input type="checkbox"/> M.B. A. (Master of Business Administration) | <input type="checkbox"/> Ed.D. (Doctor of Education) |
| <input type="checkbox"/> M.A.T. (Master of Arts in Teaching) | <input type="checkbox"/> Ph.D. (Doctor of Philosophy) |
| <input type="checkbox"/> M.P.A. (Master of Public Administration) | |
| <input type="checkbox"/> M.S. (Master of Science) | |
| <input type="checkbox"/> M.S.W. (Master of Social Work) | Major/Concentration _____ |

SECTION THREE: PLANNING SCHEDULE (Last three semesters)

FALL 20__ SEMESTER COURSE (S) #	SPRING 20__ SEMESTER COURSE (S) #	SUMMER 20__ SEMESTER COURSE (S) #

Signature of Applicant Date

Signature of Dept. Chair Date

SECTION FOUR: REGISTRAR'S OFFICE USE ONLY

TOTAL HOURS COMPLETED _____	CUM. G.P.A. _____
HOURS OUTSTANDING _____	Graduation Fee (\$200) Paid Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Not Approved	Staff Signature/Date _____

Distribution: White-Registrar; Pink-Department; Chair Yellow-Student