



GRADUATE STUDENT APPLICATION FOR GRADUATION

Check Type of Degree:

- | | | |
|-------------------------------------|--|---------------------------------------|
| M.A. (Master of Arts) | M.S. (Master of Science) | D.A.H. (Doctor of Arts in Humanities) |
| M.A. (Master of Arts in Education) | M.B.A. (Master of Business Administration) | Ed.D. (Doctor of Education) |
| M.S.W. (Master of Social Work) | M.P.A. (Master of Public Administration) | Ph.D. (Doctor of Arts in Humanities) |
| M.A.T. (Master of Arts in Teaching) | Ed.S. (Specialist in Education) | Ph.D. (Doctor of Philosophy) |

Expected date of graduation: _____

Major: _____

STUDENT INFORMATION (Please Print Legibly)

Concentration: _____

NAME (As it should appear on your Diploma - Name must be listed in BANNER)		STUDENT ID# 900
CAU EMAIL		ALTERNATE EMAIL
LOCAL ADDRESS		PHONE NUMBER
CITY	STATE	ZIP CODE
DEGREE ADDRESS (If different from Local Address)		
CITY	STATE	ZIP CODE
Thesis/Dissertation Title: (NOTE-If the title does not fit in this box use the attached supplemental form.)		
Institution from which you received your previous degree(s) Name of College/University:		Degree: Year Conferred:
List higher degree(s) received: Name of College/University:		Degree: Year Conferred:
List higher degree(s) received: Name of College/University:		Degree: Year Conferred:

 Student's Signature Date

****DO NOT WRITE BELOW THIS LINE: ACADEMIC DEPARTMENT AND REGISTRAR'S OFFICE USE ONLY****

ACADEMIC INFORMATION PLANNING SCHEDULE (Last three (3) semesters)

SEMESTER COURSE(S)			SEMESTER COURSE(S)			SEMESTER COURSE(S)		
SUBJECT	COURSE NO.	COURSE TITLE	SUBJECT	COURSE NO.	COURSE TITLE	SUBJECT	COURSE NO.	COURSE TITLE

 Department Chairperson Signature of Department Chairperson Date

REGISTRAR'S OFFICE USE ONLY:			
TOTAL HOURS COMPLETED _____	HOURS OUTSTANDING _____	CUM. G.P.A. _____	Graduation Fee (\$300) Paid: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Not Approved		Signature Registrar's Staff: _____	Date: _____

GRADUATE STUDENT DECLARATION OF CANDIDACY APPLICATION

Long Title Thesis/Dissertation Supplemental Form

Thesis/Dissertation Title: