

# GRADUATION APPLICATION - GRADUATE DEGREE

A graduation fee is assessed to your U-bill each time an application is filed.

Degree Completion Date \_\_\_\_\_  
Month Year

Student No. \_\_\_\_\_

Graduation Ceremony Attending \_\_\_\_\_  
Month Year

Today's Date \_\_\_\_\_

Name (to be printed on diploma & in commencement program) \_\_\_\_\_

Home Town (to be listed in commencement program) \_\_\_\_\_

**(Graduation information will be sent to your local address)**

Local Address \_\_\_\_\_ Ph (\_\_\_\_) \_\_\_\_\_  
Street City State Zip daytime M-F

Home Address \_\_\_\_\_ Ph (\_\_\_\_) \_\_\_\_\_  
Street City State Zip daytime M-F

Change my home address records to match home address listed above  Yes  No

E-Mail Address \_\_\_\_\_

### Check One:

- |  |  |
|--|--|
| <input type="checkbox"/> Master of Accounting              | <input type="checkbox"/> Master of Science               |
| <input type="checkbox"/> Master of Arts                    | <input type="checkbox"/> Master of Social Work           |
| <input type="checkbox"/> Master of Arts in Education       | <input type="checkbox"/> Professional Science Master's   |
| <input type="checkbox"/> Master of Business Administration | <input type="checkbox"/> Specialist in Education         |
| <input type="checkbox"/> Master of Music                   | <input type="checkbox"/> Doctor of Education             |
| <input type="checkbox"/> Master of Public Policy           | <input type="checkbox"/> Doctor of Industrial Technology |

### Check One:

- Thesis  Non-Thesis / Project  Recital  Dissertation

Major or Intensive Study Area: \_\_\_\_\_

Thesis / Dissertation Title: \_\_\_\_\_

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This information is requested for the purpose of initiating the graduation process. All items are directory information and therefore may be released to third parties. All items are required and therefore incomplete forms cannot be processed. (Pursuant to Chapter 22, Code of Iowa)

### DO NOT WRITE BELOW THIS LINE – FOR DEPARTMENTAL / REGISTRAR OFFICE USE ONLY

#### Registrar Deficiency Check:

- Paper / Project approval
- Comprehensive Exam Approval
- 299/399 incomplete\_\_ hrs
- Incomplete course(s) \_\_\_\_\_
- Short course(s) \_\_\_\_\_
- Waiver of Recency
- Waiver of Residency
- Short 200/300 level
- Too many hrs of C
- Low GPA
- Official transcripts \_\_\_\_\_
- Other \_\_\_\_\_

#### Departmental Checklist:

- Minimum hrs from UNI
- Minimum 200/300 level hrs
- Minimum Program hrs (total)
- Residency requirement
- Recency of credit
- GPA 3.00 or better
- Paper / project
- Comprehensive Exam
- Other \_\_\_\_\_

### Approved:

Date \_\_\_\_\_

\_\_\_\_\_  
Chairperson, Thesis Committee or Advisor

Date \_\_\_\_\_

\_\_\_\_\_  
Head, Major Department