

UNIVERSITY OF NORTHERN COLORADO

Graduate School

APPLICATION FOR GRADUATION MASTER'S/SPECIALIST PROGRAM

All graduate students must apply for graduation in accordance to [published deadlines](#). Students are responsible for determining that the application has been filed with the Graduate School. Students must meet all [continuous registration requirements](#).

(1a) Name: _____ (1b) Name in Use*: _____

*Please visit the [name in use policy website](#)

(1c) Would you like to have your Preferred Name announced at commencement and printed in the commencement program instead of you legal first name? __ Yes __ No

(2) Diploma Mailing Address: _____
Street City State Zip

(3) Bear Number: _____

(4) Telephone Number: _____ (5) Bear Email address: _____

PRIOR DEGREES AWARDED

(6) Degree Year College/University/City and State

CURRENT DEGREE PROGRAM (To be completed with Program Advisor)

(7) **CATALOG** under which degree requirements have been checked _____

(8) _____
EDS/MA/MAcc/MAT/MBA/MBS/MM/MS/PSM Program Title Emphasis (if Applicable)

(9) **REQUIREMENTS TO BE COMPLETED:** List only courses to be completed in the **current and future** semesters necessary for the completion of the degree requirements. **DO NOT** list required courses already completed in previous semesters.

Course Prefix/Number	Semester Hours	Course Prefix/Number	Semester Hours

(10) **THESIS:** Yes No

(11) **Check the following boxes to acknowledge you understand the conditions for graduation.**

The student will be required to satisfactorily complete all of the courses listed above prior to posted graduation deadlines.

No deviation will be permitted without approval from the program advisor and the Graduate School.

A non-refundable graduation fee will be assessed to the student account upon receipt of the application by the Graduate School.

Student understands and acknowledges that the commencement ceremonies will be filmed and photographed for University videos and photos.

Applications not signed by the student and program advisor will not be processed.

(12) **NOTE: Completion of this form confirms the student's degree evaluation has been reviewed. For any substitutions to courses stated in Catalog, must be approved using the Course Adjustment Form found on the Graduate School Website.**

(13) _____ (14) _____
Student's Signature Date Program Advisor's Signature Date

SEMESTER OF PROPOSED DEGREE COMPLETION: _____
Fall/Spring/Summer Year

SEMESTER OF CEREMONY PARTICIPATION: _____
Fall/Spring Year

Return completed application to the Graduate School: graduate.school@unco.edu