

Western Connecticut State University  
Division of Graduate Studies \* Application for Graduation  
Fax To: (203) 837-8326

Month of Graduation:  January  May  August Year of Graduation: \_\_\_\_\_

Deadline to apply for graduation: January graduation (apply by October 1) May graduation (apply by December 1)  
August graduation (apply by February 1).

Name \_\_\_\_\_ ID# \_\_\_\_\_  
Last First

Carefully print your name exactly as you wish it to appear on your diploma:

PRINT NAME: \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (zip code)

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**Please Check Degree Program:**

\_\_\_\_\_ Master of Arts:  *Biological & Environmental Science*  *Earth & Planetary Science*  
 *English*  *History*  
 *Mathematics*

\_\_\_\_\_ Master of Arts in Teaching:  Biology  Mathematics  Spanish

\_\_\_\_\_ Master of Business Administration

\_\_\_\_\_ Master of Fine Arts *Creative and Professional Writing*

\_\_\_\_\_ Master of Fine Arts *Visual Arts*

\_\_\_\_\_ Master of Health Administration

\_\_\_\_\_ Master of Science in Applied Behavior Analysis

\_\_\_\_\_ Master of Science in Counselor Education *Clinical Mental Health Counseling*

\_\_\_\_\_ Master of Science in Counselor Education *School Counseling*

\_\_\_\_\_ Master of Science:  *Curriculum*  *Instructional Technology*  *Reading*  *Special Education*

\_\_\_\_\_ Master of Science Justice Administration

\_\_\_\_\_ Master of Science in Music Education

\_\_\_\_\_ Master of Science in Nursing *Adult Nurse Practitioner*

\_\_\_\_\_ Master of Science in Nursing *Clinical Nurse Specialist*

\_\_\_\_\_ Doctor of Education in Instructional Leadership

\_\_\_\_\_ Doctor of Education in Nursing Education

\* Your diploma will be mailed to you approximately 6 to 8 weeks after graduation contingent upon official approval by the Division of Graduate Studies. In addition, all fees owed the University must be paid before you will receive your degree.

The above statements are verified by signature: \_\_\_\_\_  
(signature) (date)

Office Use Only:

Approved for Graduation (date) \_\_\_\_\_ Denied: \_\_\_\_\_ Other: \_\_\_\_\_

Total Credits Earned \_\_\_\_\_ Thesis \_\_\_\_\_ Comp Exam \_\_\_\_\_ Other \_\_\_\_\_

Denied: Missing Course(s) \_\_\_\_\_ Thesis \_\_\_\_\_ Comps \_\_\_\_\_ Other \_\_\_\_\_

Notes: