Huntington Campus

Graduate College, 113 Old Main One John Marshall Drive Huntington, WV 25755-2100 (304) 696-6606

Graduate Faculty who evaluated the comprehensive assessment.

APPLICATION FOR GRADUATION MARSHALL UNIVERSITY

Master's / Educational Specialist and Doctorate in Education

South Charleston Campus

Graduate College 100 Angus E. Peyton Drive South Charleston, WV 25303 (304) 746-8966

This application is to be completed and returned to the Graduate Records Office BEFORE or at the beginning of your final semester/term, but NOT LATER than the date printed in the University Calendar. It will not be accepted by the Graduate Dean's Office unless it is accompanied by a receipt or is stamped by the Bursar's Office showing that the diploma fee of \$50 (Master's); \$50 (Educational Specialist) and \$100 (Doctorate) has been paid by the degree candidate. South Charleston applications will not be processed without a copy of the student's approved Plan of Study attached.

Please type or print	Expected Month and Year of Graduation					
NAME	E MU ID#					
CURRENT ADDRESS	PHONE					
(All correspondence, except graduation letter, will be sen	it to this address. (Graduation letter will be sent to permanent add	Iress.)			
PERMANENT ADDRESS	PHONE	CELL#				
MU Email Address	_Preferred Email A	_				
DEGREE EXPECTED & MAJOR						
TOTAL HOURS REQUIREDHOURS COMPLETED_	IS	S IS NOT				
List all courses and/or thesis hours for which you are or Course Number & Title	will be enrolled to Credit Hours					
Student Signature	Date					
Advisor Signature	Date					
COMPREHENSIVE ASSESSMENT APPLICAT This application to take the comprehensive assessment If you do not pass the assessment, you must make arran Check the semester and enter the year you wish to take Fall Spring Summer Year	is effective only fo ngements with you e the Comprehensiv	ur advisor for subsequent completion of this gr				
Student has been admitted to doctoral candidac Student has requisite GPA to take comprehensiv indicate.						
Signature of Graduate Administrative Assistant		Date				
Note to the advisor/program director: If the student has student's admission to the program, do not approve this deficiencies which must be addressed before the student is the responsibility of the department/program to esta student of the date, time and place of the written or oral	application and no t is eligible to take t ablish the date of th	itify the Graduate College office of any the comprehensive assessment and to graduate the comprehensive assessment, to notify the	<u> </u>			

GRADUATION INFORMATION FROM THE OFFICE OF THE REGISTRAR:

Your diploma will be ordered with your name as it appears on the Marshall University Student Information Computer System (Banner). The name format is first, middle, last. Please verify the format in which your name will be printed on the diploma in your Dean's Office or the Registrar's Office, Old Main 106A. If you need to change your name officially with the University, please complete a name change application in the Office of the Registrar and submit a copy of your Social Security Card as documentation of the requested change.

Your diploma will be mailed to the permanent address on the Student Information Computer System (Banner). If you need to change your permanent address, please submit a written change to the Office of the Registrar or update your address on MyMU (MILO Web) Personal Information Menu.

PUBLICATION OF DIRECTORY INFORMATION:

Upon graduation, Marshall University will publish certain directory information about graduates in the graduation program and will release information to newspapers and other media for publication. The directory information to be published may include name; major; degree; honors; awards received; city, country and state of residence. If you do not want this information released and regardless of any previous requests for confidentiality of directory information, you must notify the registrar's office (stating specifically that you do not want your graduation information published) within 10 business days of submitting this application for graduation.

Revalidated Coursework

Class	Semester Revalidation was successfully completed	Signature of Revalidating Faculty Member*

*Signature indicates that student successf	ully revalidated	l coursework	caccording to th	ne previousl	y agreed	to plan
and fee has been paid to Bursar.						
