

APPLICATION  
for  
**Comprehensive Assessment and Graduation**

Please note:  
South Charleston and  
Ed.D. students may have  
a different Graduation Form

**GRADUATE COLLEGE**  
One John Marshall Drive  
Huntington, WV 25755-2100  
(304) 696-6606

This application is to be completed and returned to the Graduate College 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 Office unless it is accompanied by a receipt or is stamped by the Bursar's Office showing that the diploma fee of \$50.00 has been paid by master's degree candidates or \$100.00 has been paid by doctoral degree candidates.**

Please Type or Print Expected Month & Year of Graduation \_\_\_\_\_

Name \_\_\_\_\_ ID \_\_\_\_\_

Current Address \_\_\_\_\_ Phone \_\_\_\_\_

[All correspondence, except graduation letter, will be sent to this address. Graduation letter will be sent to permanent address.]

Address Permanent \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager Number \_\_\_\_\_

MU E-Mail Address \_\_\_\_\_ Preferred E-Mail Address \_\_\_\_\_

Degree Expected & Major \_\_\_\_\_

Graduate Advisor \_\_\_\_\_

\_\_\_\_\_ Institution where you received your bachelor's degree

Total Hours Required \_\_\_\_\_ Hours Completed \_\_\_\_\_ A Thesis \_\_\_\_\_ a part of my program (check one)  
Number Number Is Is Not

List all courses and/or thesis hours for which you are or will be enrolled to complete your program:

Course Number & Title	Credit Hours	Semester or Term
_____	_____	_____
_____	_____	_____
_____	_____	_____

This application to take the comprehensive assessment is effective only for the semester entered. If you fail to take the exam or do not pass the exam, you must make arrangements with your advisor for subsequent testing. Check the semester and enter year you wish to take the comprehensive assessment Fall \_\_\_ Spring \_\_\_ Summer \_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Date Student's Signature

\_\_\_\_\_  
Date Graduate Advisor's Signature

----- Do not write below this line -----

\_\_\_\_\_ Student has been admitted to candidacy or has an approved Plan of Study  
\_\_\_\_\_ Student has requisite GPA to take comprehensive assessment. So far as the Graduate College office records indicate,  
This student is \_\_\_\_\_ eligible to sit for the comprehensive assessment.

\_\_\_\_\_  
Signature of Records Officer Date

Note to the advisor/program director: If the student has not completed all prerequisites that were stipulated in the student's admission to the program, do not approve this application and notify the Graduate College office of any deficiencies which must be addressed before student is eligible to take comprehensive assessment and to graduate.

It is the responsibility of the department/program to establish the date of the comprehensive assessment, to notify the student of the date, time and place of the exam, and to administer it. Please keep a record of the Graduate Faculty who evaluated the comprehensive assessment.

c. Graduate Program Director

**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, and awards received; and city, county 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.

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**Revalidated Coursework**

Class	Semester revalidation was successfully completed	Signature of revalidating faculty member*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*Signature indicates that student successfully revalidated coursework according to the previously agreed to plan and that fee has been paid to Bursar.