



www.marshall.edu

College of Education and Human Services

School of Kinesiology

TO: Chair, School of Kinesiology

FROM: _____

ID#: _____

RE: Oral Examination Application Form

TERM _____

PROGRAM: M.S. Sport Administration

After conferring with my graduate advisor, I present the names of three (or five) Graduate Faculty members, who by their signatures, agree to serve as my Oral Examination Committee. (All must be acceptable to the chair of your committee.)

NAME

SIGNATURE

DATE

Dr. Jennifer Mak

Graduate Advisor, Chair

Dr. Wanyong Choi

Graduate Faculty

Dr. Janet Howes

Graduate Faculty

Graduate Faculty

Graduate Student's Signature: _____

Date _____

Graduate Degree Program M.S. in Sport Administration

Area of Emphasis _____

Date, Time & place of Oral Examination: _____

Note: This application is to be completed and returned to Ms. Diana Skeans in GH108 and a photo copy to Dr. Jennifer Mak in GH107A BEFORE or at the beginning of your final semester/term, but NOT LATER than the Application for Graduate due date printed in the University Calendar.



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Huntington Campus

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

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 _____ MU ID# _____

CURRENT ADDRESS _____ PHONE _____
(All correspondence, except graduation letter, will be sent to this address. Graduation letter will be sent to permanent address.)

PERMANENT ADDRESS _____ PHONE _____ CELL# _____

MU Email Address _____ Preferred Email Address _____

DEGREE EXPECTED & MAJOR _____ ADVISOR _____

TOTAL HOURS REQUIRED _____ HOURS COMPLETED _____ A Thesis _____ a part of my program (check one)
IS IS NOT

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

<u>Course Number & Title</u>	<u>Credit Hours</u>	<u>Semester and Term</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Signature _____ Date _____

Advisor Signature _____ Date _____

COMPREHENSIVE ASSESSMENT APPLICATION

This application to take the comprehensive assessment is effective only for the semester entered. If you fail to take the assessment or if you do not pass the assessment, you must make arrangements with your advisor for subsequent completion of this graduation requirement.

Check the semester and enter the year you wish to take the Comprehensive Assessment:

Fall _____ Spring _____ Summer _____ Year _____

-----DO NOT WRITE BELOW THIS LINE -----

_____ Student has been admitted to doctoral 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.
Signature of Graduate Administrative Assistant _____ 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 the student is eligible to take the 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 written or oral exam, and to administer them. Please keep a record of the Graduate Faculty who evaluated the comprehensive assessment.

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 successfully revalidated coursework according to the previously agreed to plan and fee has been paid to Bursar.
