

APPLICATION FOR GRADUATION

Huntington Campus

Graduate Studies, 200 Old Main
One John Marshall Drive
Huntington, WV 25755-2100
(304) 696-6840

MARSHALL UNIVERSITY

Master's / Education Specialist
and Doctorate in Education

South Charleston Campus

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

APPLICATION FEE: Master's & Education Specialist Degree \$50.00 ** Doctorate Degree \$100.00

This application is to be completed and submitted BEFORE or at the beginning of your final semester/term, but NOT LATER than the date printed in the University Calendar. This application must be submitted to your Academic College Office along with documentation that the diploma fee has been paid (a receipt from the Bursar or a Bursar stamp on the application form).

Please type or print

Expected Month and Year of Graduation _____ / _____

NAME _____ MU ID# _____ / _____ / _____

CURRENT ADDRESS _____ COUNTY _____

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

PERMANENT ADDRESS _____

HOME PHONE # _____ CELL PHONE # _____

MU Email _____ Preferred Email _____

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</u>	<u>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 College office records indicate.

Signature of Graduate 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 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.
