



APPLICATION FOR GRADUATION

It is the responsibility of each graduate student to file his/her intent to graduate by the published deadline for the semester in which he/she hopes to graduate by submitting the **Application for Graduation**. No student will graduate without submitting a **typed Application for Graduation**. This application is valid for the current term only. Candidates who do not meet all requirements by the published deadline designated on the Graduate Calendar Deadlines-at-a-Glance document for the current term must reapply by submitting a new application prior to the submission dates for a subsequent graduation term. The Bursar will automatically bill a graduation fee to your Banner account. A NON-REFUNDABLE graduation fee is applicable for each semester/term for which a graduation application is submitted. Attendance at Commencement Exercises is mandatory unless an official written excuse is obtained from the Provost/Vice President for Academic Affairs. Please check your "Bulldog" e-mail for any communication from the Office of Graduate Studies regarding this application. Registration is required to be considered for graduation. If a student has completed all course work for intended degree, as an option one can register for the administrative course, GS 699, Continuing Registration for Graduate Studies to meet the requirement. A final Program of Study must be submitted with the Application for Graduation in the Office of Graduate Studies and must reflect catalog for admit term and completed or in-progress coursework with grades.

Complete and submit a complete package by the deadline to the Office of Graduate Studies, Patton Hall Room 213.

STUDENT INFORMATION

Name:		Banner ID #:	
<i>Note:</i> Only your full legal name as it appears at the time of application on the Banner System can be printed on your diploma. To change your full legal name, contact the Office of the Registrar.			
Hometown:		State:	
Mailing Address:			
Telephone:		Bulldog E-mail (Mandatory):	
Graduation Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Year:	
Academic College:			
Department:			
Capstone Document: <input type="checkbox"/> Action Research Report <input type="checkbox"/> Dissertation <input type="checkbox"/> Master's Report <input type="checkbox"/> Thesis			
Degree (Check One): <input type="checkbox"/> MBA <input type="checkbox"/> MEd <input type="checkbox"/> MEng <input type="checkbox"/> MS <input type="checkbox"/> MSW <input type="checkbox"/> MURP <input type="checkbox"/> EdS <input type="checkbox"/> PhD			
Program Major:			
Are you completing an academic specialization/concentration? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the name of the specialization/concentration:			
Name of Previous Institution which granted last awarded degree:			
Undergraduate/Graduate Degree: <input type="checkbox"/> BA <input type="checkbox"/> BS		Other (Specify):	

APPLICANT'S SIGNATURE

I have read the contents of this Application for Graduation and state that the information supplied herein is correct. I understand that if I do not meet the requirements, my application for the above-indicated graduation date will be withdrawn, and my name will be deleted from the commencement program.

Student's Signature:	Date:
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PROGRAM/DEPARTMENT/ACADEMIC COLLEGE APPROVALS

REGISTRATION STATUS OF APPLICANT?

☐ Enrolled ☐ Not Enrolled

COMPLETION OF ALL PREREQUISITES INDICATED IN ADMISSION LETTER?

☐ Yes ☐ No

COMPREHENSIVE EXAMINATION RESULT?

☐ Pass ☐ Fail ☐ Not Available

COMPREHENSIVE EXAMINATION DATE:

EXAM SCHEDULED FOR CURRENT SEMESTER?

☐ Yes ☐ No

TRANSFER CREDITS AVAILABLE FROM ANOTHER UNIVERSITY?

☐ Yes ☐ No

IF SO, NAME OF INSTITUTION:

Submit an Official Transcript and Transfer Credit Form to the Office of Graduate Studies for Approval.

SIGNATURES FOR APPROVAL

Signing this Application for Graduation indicates that all information is correct and that program and departmental records have been checked to verify this student's qualification for graduation.

Check One: ☐ Approved, Program/Major Requirements Met ☐ Denied, Program/Major Requirements Not Met

Print Academic Advisor's Name

Extension:

Email:

Academic Advisor's Signature:

Date:

Print Chairperson's Name:

Extension:

Email:

Chairperson's Signature:

Date:

Print Graduate Studies Dean's Name:

Extension:

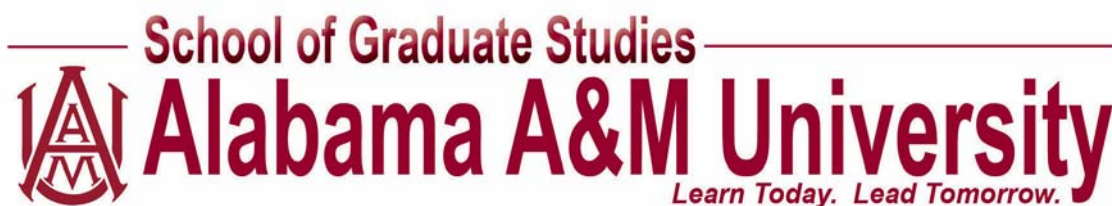
Email:

Graduate Studies Dean's Signature:

Date:

Please return this form to:

Alabama A&M University
 School of Graduate Studies
 213 Patton Hall Building
 Normal, AL 35762



PROGRAM OF STUDY

It is the responsibility of each graduate student to submit the initial Program of Study before the end of the second semester of enrollment. Final Program of Study is required with the Application for Graduation during final semester. No student will graduate without submitting a **typed Program of Study**. If your study plan has changed and the document requires revision, student must submit a new Program of Study. Program of Study must reflect student's course catalog for admit term and completed or in progress coursework.

Complete and submit typed document to the Office of Graduate Studies, Patton Hall 213.

STUDENT INFORMATION

Name:			Banner ID #:		
Date Submitted:			Current GPA:		
Admit Term:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Year:	
Graduation Term:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Year:	
Academic College:					
Department:					
Degree (Check One):	<input type="checkbox"/> MBA	<input type="checkbox"/> MEd	<input type="checkbox"/> MEng	<input type="checkbox"/> MS	<input type="checkbox"/> MSW
	<input type="checkbox"/> MURP	<input type="checkbox"/> EdS	<input type="checkbox"/> PhD		
Program Major:					
Specialization/Concentration:					
Capstone Document:	<input type="checkbox"/> Action Research Report	<input type="checkbox"/> Dissertation	<input type="checkbox"/> Master's Report	<input type="checkbox"/> Thesis	

SIGNATURES

Student:	Student's Signature:	Date:
Academic Advisor:	Academic Advisor's Signature:	Date:
Department Chairperson:	Chairperson's Signature:	Date:
Academic Dean:	Academic Dean's Signature:	Date:
Graduate Studies Dean:	Graduate Studies Dean's Signature:	Date:

DEFICIENCY COURSES

Course Title	Subject	Course Number	Credit Hours	Grade	Term	Year

CORE PROGRAM COURSES

Course Title	Subject	Course Number	Credit Hours	Grade	Term	Year

SPECIALIZATION/CONCENTRATION COURSES

Course Title	Subject	Course Number	Credit Hours	Grade	Term	Year

ELECTIVE COURSES						
Course Title	Subject	Course Number	Credit Hours	Grade	Term	Year

TRANSFER CREDIT HOURS						
Course Title	Subject	Course Number	Credit Hours	Grade	Term	Year

NOTE: A student who has earned the Master's degree can transfer up to a maximum of 24 semester hours of credit, whereas a student who does not have a master's degree can transfer up to a maximum of 12 semester hours of graduate credit (GR. Policy #18.3)

EXAM				
EXAM (IF APPLICABLE)	PASS	FAIL	TERM	YEAR
Comprehensive Exam	<input type="checkbox"/>	<input type="checkbox"/>		

CAPSTONE DOCUMENT				
Capstone Document:	<input type="checkbox"/> Action Research Report	<input type="checkbox"/> Dissertation	<input type="checkbox"/> Master's Report	<input type="checkbox"/> Thesis
COMPLETION OF THESIS PREPARATION WORKSHOP:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

TITLE OF DOCUMENT

	APPROVED	NOT APPROVED	TERM	YEAR
THESIS/DISSERTATION PROPOSAL	<input type="checkbox"/>	<input type="checkbox"/>		

	PASS	FAIL	TERM	YEAR
THESIS/DISSERTATION ORAL DEFENSE	<input type="checkbox"/>	<input type="checkbox"/>		

	CREDIT HOURS
TOTAL THESIS RESEARCH CREDIT HOURS	
TOTAL CREDIT HOURS REQUIRED FOR DEGREE COMPLETION	