

APPLICATION TO REQUEST GRADUATION OR CERTIFICATE OF ADVANCED STUDY

After obtaining the required signatures, please return this form to the Graduate School office (#378) by the deadlines listed below. Failure to submit this form may delay conferral of degree until the following term. Applicable fees are listed in the SGS Academic Catalog. Degrees are conferred three times a year. The commencement ceremony is held in May.

THIS FORM MUST BE RECEIVED BY: 7/1/17 FOR SUMMER 2017; 9/30/17 FOR FALL 2017; 2/24/18 FOR SPRING 2018

Name: _____ Student ID #: _____

Cell Phone # : _____ Alternate Phone # : _____

CHC E-mail: _____ Personal E-mail: : _____

Street Address: _____ Apt. # : _____

City: _____ State: _____ Zip code: _____

Degree Information:

TERM DEGREE REQUIREMENTS COMPLETED:	PROGRAM OF STUDY	OR	CERT. PROGRAM
<input type="checkbox"/> Summer 2017 (August) <input type="checkbox"/> Fall 2017 (December) <input type="checkbox"/> Spring 2018 (May)	<input type="checkbox"/> Admin. of Human Services <input type="checkbox"/> Education <input type="checkbox"/> Instructional Technology <input type="checkbox"/> Clinical & Counseling Psych. (Master's Level) <input type="checkbox"/> Clinical Psych. (Predoctoral) <input type="checkbox"/> Doctor of Psychology		<input type="checkbox"/> Licensure Prep. Psychology <input type="checkbox"/> Education Cert. <input type="checkbox"/> Other: _____ _____ _____

What name do you want to appear on your diploma (print clearly)?

For the Commencement Program, please indicate past degree history:

Undergrad. B.A. B.S. Other: _____ Institution: _____

Advanced M.S. M.A. M.Ed. Other: _____ Institution: _____

Student Signature

Date

Advisor Signature

Date

Department Chair/Coordinator Signature

Date

Return to: Graduate School, St. Joseph Hall, 3rd Floor, Room 378 or Scan and E-Mail to gradschool@chc.edu

DIPLOMAS ARE NOT RELEASED UNTIL ALL FINANCIAL OBLIGATIONS TO THE COLLEGE ARE PAID IN FULL.