

## 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: 6/28/19 FOR SUMMER 2019; 9/27/19 FOR FALL 2019; 2/14/20 FOR SPRING 2020**

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:

- Summer 2019 (August)
- Fall 2019 (December)
- Spring 2020 (May)

PROGRAM OF STUDY

- Admin. of Human Services
- Education
- Instructional Technology
- Clinical & Counseling Psych. (Master's Level)
- Clinical Psych. (Predoctoral)
- Doctor of Psychology

OR

CERT. PROGRAM

- Licensure Prep. Psychology
- Education Cert.
- 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](mailto:gradschool@chc.edu)  
**Please do not return the form until all required signatures are obtained. Any incomplete forms will be returned to the student.**

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