



# Graduation Application for Graduate Students

<b>OFFICE USE ONLY</b>	
Initial	_____
Date	_____

Please print or type your name as you want it to appear on your diploma.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I expect to complete graduation requirements and receive the degree in:

Term:  Fall  Spring  Summer I\*  Summer II\*  Winter

Year: \_\_\_\_\_

\*Students who declare their intent to graduate for Summer I Summer II or Winter should note that there is not a graduation ceremony for the summer or winter session. If interested, summer graduates may attend December's graduation ceremony and winter graduates may attend May's graduation ceremony.

Please check the appropriate **program of study**:

M.Ed.  M.S.  M.L.S.  M.A.  M.B.A.  M.P.A.  
 M.F.A.  M.S.W.  D.S.W.  E.D.D.

Curriculum Major: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application to:

Brian Meares, Registrar's Office  
Kutztown University  
P.O. Box 730  
Kutztown, PA 19530  
Phone (610) 683-4486  
Fax (610) 683-1586  
[meares@kutztown.edu](mailto:meares@kutztown.edu)