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# APPLICATION FOR GRADUATE DEGREE

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| --- | --- | --- | --- | --- |
| Please indicate the degree that you are earning *(Circle one)*: | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ⁭**MA** | ⁭**MAEd** | ⁭**MAT** | ⁭**MBA** | ⁭**MPA** | ⁭**MSA** | ⁭**MSN** | ⁭**MSW** |  | | | | | |
| ***\*\*\* Enrollment in the University is required the term you graduate. \*\*\**** | | | | |
|  |  |  |  |  |
| **PLEASE PRINT** | | | | |
| Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Concentration *(if applicable):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  |  |  |  |  |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| *First Middle* | *Last* |  |  |  |
|  |  |  |  |  |
| Your name will appear on your diploma as it does in the BraveWeb system. To change your name in the system, submit a completed [*Name Change* form](https://www.uncp.edu/academics/colleges-schools/graduate-school/forms-resources) to The Graduate School.  The ***Graduate Exit Survey*** link will be emailed to you approximately one month prior to your graduation. This survey is part of your Graduation checklist and completion is monitored. | | | | |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| *Street/P.O. Box* | | *City* | *State* | *Zip Code* |
|  |  |  |  |  |
| Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BraveMail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Banner ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  |  |  |  |  |
| **Graduation Application Fee**: $90 if paid by the deadline (October 1st for Spring graduation, March 1st for Summer/Fall graduation). *After the deadline, there is an additional $25 late fee (total of $115)*. You may call and make the payment, write the receipt # and date, below. | | | | |
|  |  |  |  |  |
| Payment Verification: Receipt #: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| ***You may email the form to your advisor with the above portion completed. The advisor may give to the Program Director who may sign and submit to The Graduate School. CHECK with your advisor, first.***  ***Advisor signature indicates that student is on schedule to complete the program of study by the semester noted above.*** | | | | |
|  |  |  |  |  |
| Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_­\_\_\_\_\_ | | | | |
| *Advisor Name* | *Signature* |  |  |  |
| Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| *Program Director Name* | *Signature* |  |  |  |
|  | | | | |
| ***Submit completed form to The Graduate School, Lindsay Administration Building, Room 124.***  \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* | | | | |
| Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Date processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

***Revised 6.6.18 IA***