

**COLLEGE OF GRADUATE AND PROFESSIONAL STUDIES
APPLICATION FOR GRADUATION**

Return to the **College of Graduate and Professional Studies** by appropriate date: February 1 (May and August) or October 1 (December). If applications are received after the above dates, it may not be possible to have your name listed on the appropriate official graduation list and commencement programs.

Full legal name will be printed on diploma. Include any directional marks (e.g., accent, umlaut, tilde).

Please fill in the following form and send it to graddesk@indstate.edu or fax it to (812-237-8060)

Name _____ Student ID _____
Last First Middle/Maiden

Full legal name will be printed on diploma. Include any directional marks (e.g., accent, umlaut, tilde).

Full legal name as you want it on your diploma _____

Address where diploma should be mailed: _____

Current Mailing Address: _____ Phone # _____

ISU E-mail: _____ Degree Sought _____

Major (and Specialization, if any): _____

Advisor's Name: _____ Department: _____

Graduation Date: _____ Year: _____

Do you plan to attend commencement? _____ If yes, May _____ December _____

I understand that the College of Graduate and Professional Studies will process my application and then forward to my Academic Advisor. Further, I understand that if I am submitting a thesis or dissertation in partial fulfillment of my degree requirements that I will be permitting ISU to house and distribute the document as outlined in the permission below.*

Student Signature _____ Date _____

To be completed by Academic Department/Programs:

Attach a current or updated approved plan of study. If not already submitted, also attach course substitution form(s) and course transfer form(s), if applicable.

- The student has fulfilled all degree requirements and is eligible for graduation
 It is anticipated that the student will fulfill all degree requirements by the requested graduation date.
 The student will not be eligible for graduation by the requested graduation date.

Is this the student's first ISU master's degree? ____ Yes ____ No

Advisor Name (Printed): _____ Signature _____ Date _____

Department Chairperson/Program Director
Name (Printed) _____ Signature _____ Date _____

To be completed by the College of Graduate and Professional Studies:

- Approved for Graduation Not Approved for Graduation

Dean Signature _____ Date _____

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I hereby state that I retain full copyright and ownership rights to my submission and have the right to exercise all rights under copyright in the work not granted herein, including for example, publishing my work in a non-electronic format, creating books, articles, or derivative works.

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I understand and agree that this license agreement shall become effective on the date that this document is signed and submitted for approval to the Indiana State University College of Graduate and Professional Studies; that Indiana State University will clearly identify my name as the author of the submission, and will not make any alteration, other than as allowed by this license agreement, without my express written consent.