

## College of Graduate Studies & Research

### Doctoral Student Application for Graduation

Name \_\_\_\_\_ Tech ID \_\_\_\_\_  
Type your name as you want it to appear on your diploma

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Diploma Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different from mailing address)

Note: Your diploma will be mailed to this address. If your diploma address changes, update it online or contact the College of Graduate Studies with the change.

Email \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Term of Graduation (check one)**    Summer    Fall    Spring   **Year** \_\_\_\_\_

Please specify the doctoral degree being awarded \_\_\_\_\_

Capstone Experience    Dissertation    Other   Please Describe: \_\_\_\_\_

If applicable, please note the IRB or IACUC approval #: \_\_\_\_\_

\_\_\_\_\_ Required Student Signature \_\_\_\_\_ Date

*\* The courses listed on the **second page of this form** will count towards the students program.*

#### Approved

*(Committee & Graduate Program Coordinator Sign and then submit to the Graduate Studies Office.)*

- |    |   |                     |
|----|---|---------------------|
| 1. | _____   | _____               |
|    | <small>Advisor/Chair of Committee Signature</small>   | <small>Date</small> |
| 2. | _____   | _____               |
|    | <small>Committee Member Signature</small>             | <small>Date</small> |
| 3. | _____   | _____               |
|    | <small>Committee Member Signature</small>             | <small>Date</small> |
| 4. | _____   | _____               |
|    | <small>Committee Member Signature</small>             | <small>Date</small> |
| 5. | _____   | _____               |
|    | <small>Committee Member Signature</small>             | <small>Date</small> |
| 6. | _____   | _____               |
|    | <small>Committee Member Signature</small>             | <small>Date</small> |
| 7. | _____   | _____               |
|    | <small>Graduate Program Coordinator Signature</small> | <small>Date</small> |

Please list the courses that will apply toward your degree program requirements.

Program Courses		
Dept. and Course No.	Course Title	Credits

Total Credits for Degree

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 \* FOR GRADUATE OFFICE USE ONLY \*

Graduate Studies Coordinator Signature	Date
Dean, College of Graduate Studies Signature	Date

Submit completed form to the  
 College of Graduate Studies & Research  
 115 Alumni Foundation Center  
 Phone: 507-389-2321 • Fax: 507-389-5974

