



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 _____ (if different from mailing address) City _____ State _____ Zip _____

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. _____ Advisor/Chair of Committee Signature _____ Date _____
2. _____ Committee Member Signature _____ Date _____
3. _____ Committee Member Signature _____ Date _____
4. _____ Committee Member Signature _____ Date _____
5. _____ Committee Member Signature _____ Date _____
6. _____ Committee Member Signature _____ Date _____
7. _____ Graduate Program Coordinator Signature _____ Date _____

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

* 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

