The Graduate School Southern University and A&M College Baton Rouge, Louisiana

APPLICATION FOR GRADUATION

INSTRUCTIONS FOR GRADUATION APPLICATION

- 1. All parts of the application **MUST BE TYPED (handwritten will not be accepted)** and fully completed, and submitted to the Graduate School, by the appropriate academic department, by the published deadline.
- 2. Applications must include a current approved **Plan of Study** completed, signed and dated by the student, the **assigned** departmental advisor and the chair. Applications submitted without an approved Plan of Study and appropriate signatures will be returned unprocessed.
- 3. All course substitutions and course transfers must have been submitted and approved prior to the submission of the graduation application packet.
- 4. All **INCOMPLETE** grades received before the semester of graduation as well as all asterisks must be removed from the transcript, through the Registrar's Office, prior to submission of the graduation application to the Graduate School.
- 5. All students must ensure that they have been officially admitted to their appropriate academic department prior to submission of the graduation application to the Graduate School.
- 6. Dissertation, thesis and final project/report proposal registration forms, (as well as application for admission to candidacy for doctoral students) must be submitted to the Graduate School, prior to the deadline for graduation application and by the published deadlines.
- 7. Applications for dissertation, and thesis defense, as well as comprehensive examinations must be submitted to the Graduate School for approval, <u>no later than five (5) working days prior to the anticipated date of such examinations</u>.
- 8. Applications for graduation must be evaluated by the academic department to ensure completeness and compliance with all published degree requirements, before being submitted to the Graduate School. Department chairs must ensure that only the applications of those students who meet the requirements for a graduate degree (as stipulated in the catalog) are submitted to the Graduate School. APPLICATIONS SUBMITTED FOR STUDENTS WHO DO NOT MEET THE REQUIREMENTS FOR A GRADUATE DEGREE WILL BE RETURNED TO THE DEPARTMENT.
- 9. Names listed on University official records (SIS-Plus System) in the Registrar's office will appear on the diplomas. Requests for name changes must be submitted to the Registrar for processing at least one semester prior to the submission of this application.

Applications can be submitted early, but not later than the deadline indicated by the Graduate School. Under extenuating circumstances, late applications may be submitted only with departmental approval, accompanied by a late application form signed by the Vice Chancellor for Academic Affairs. However, as stipulated on the late application form the University is under no obligation to process late applications for graduation. Therefore, there is no guarantee that late applications will be processed in time for graduation in any given semester/term. \in

APPLICATION FOR GRADUATION

Anticipated Graduation Date:	FALL	SPRING	SUMMER	YEAR
Date of Admission to Current D	egree Pro FALL	ogram: SPRING	SUMMER	YEAR
NAME:	(First)		(Middle)	(Maiden)
Social Security No		Local Tele	ephone No	
Local/Current Address:(Street)		(City)	(State)	(Zip)
Permanent Address:		(City)	(State)	(Zip)
Permanent Phone No		E-mai	l Address:	
Curren	t Semeste	er Courses En	rolled in:	
Course Prefix Course No.		Course Title		No. of Credits
Final Semester Cou		Irses Romain	ing on Plan of S	
		o semester of		iuuy)
Course Prefix Course No.		Course Title		No. of Credits

I am working on a:	

O Dissertation O Thesis O Special Project O Report Proposal

CHECK (~) FIELD OF STUDY

Doctor of Philosophy

Environmental Toxicology
Nursing
Public Policy
Science/Mathematics Education
Special Education
Urban Forestry

Doctor of Nursing Practice

⊳<u>Master of Arts</u>

Counselor Education
 Mass Communications
 Mental Health Counseling
 Social Sciences-History
 Social Sciences-Political Science
 Social Sciences-Sociology

><u>Master of Business Administration</u>

⊳<u>Master of Education</u>

 \triangleright Education Leadership

 \triangleright Elementary Education

 \triangleright Secondary Education

 \triangleright Special Education

><u>Master of Public Administration</u>

▷Generalist
▷Health Care Administration
▷Mid-Career
▷Public Policy/Analysis
▷Non-Profit Management
▷Finance

⊳<u>Master of Science</u>

- ⊳Biology
- \triangleright Criminal Justice
- ⊳Computer Science
- \triangleright Mathematics/Physics
- ▷Rehabilitation Counseling
- ▷Speech-Language Pathology
- \triangleright Therapeutic Recreation
- ⊳Urban Forestry

▷<u>Master of Science in Nursing</u>

⊳<u>Master of Engineering</u>

Online Executive Master of Public <u>Administration</u>

THIS SECTION MUST BE COMPLETED BY THE STUDENT, ADVISOR AND DEPARTMENT CHAIRPERSON

By fixing my signature herein, I hereby authorize the Graduate School to access and obtain copies of my official academic record (transcripts, etc.) as needed.

STUDENT'S NAME

STUDENT'S SIGNATURE

DATE

We, the undersigned, certify that the student's academic record has been thoroughly evaluated and that all degree requirements have been met, including the following:

- 1. The student has no more than two grades below "B" on the official transcript.
- 2. The student does not have a grade of "D" or "F" in any coursework completed that may be used to satisfy degree requirements and has a minimum 3.0 grade point average on all graduate course work.
- 3. The student does not have any courses applied toward graduation which exceed the statute of limitations (7 years for master's and 8 years for doctoral)
- 4. The student will meet the course requirements detailed in the Plan of Study, including courses currently enrolled in.
- 5. The student has made sufficient progress toward completion of the thesis, dissertation, or final project/report to warrant consideration for graduation in _____.

(semester of graduation)

DEPARTMENT

ADVISOR'S NAME

ADVISOR'S SIGNATURE

DATE

DEPARTMENT CHAIRPERSON'S NAME DEPARTMENT CHAIRPERSON'S SIGNATURE

DATE