JAMES MADISON UNIVERSITY
THE GRADUATE SCHOOL

Application for a Graduate/Doctoral Degree

Incomplete forms will not be processed

Anticipated semester meeting degree requirements: ❍ Fall ❍ Spring ❍ Summer Year: _____

Walking during commencement? ❍ Yes ❍ No ❍ Fall ❍ Spring Year: _____

Please Print: Full Legal Name: _____

Student ID: _____ Local Telephone: _____

Permanent Address: _____
(Diploma mailing) Street City State Zip Telephone

Local Address: _____
(Graduation mailings) Street City State Zip Valid Until

Email Address: _____ Completing requirements for teacher licensure: ❍ Yes ❍ No

Program of Study: _____ Concentration(s): _____ _____

Degree: ❍ Au.D. ❍ D.M.A. ❍ Ph.D. ❍ Psy.D. ❍ Ed.S ❍ M.A. ❍ M.A./Ed.S. ❍ M.A.T. ❍ M.B.A. ❍ M.Ed.
❍ M.Ed/Ed.S. ❍ M.F.A. ❍ M.M. ❍ M.O.T. ❍ M.P.A. ❍ M.P.A.S. ❍ M.S. ❍ M.S.Ed. ❍ M.S.N.

Date Academic Program Began: ❍ Fall ❍ Spring ❍ Summer Year: _____

List your Program of Study course information below. Attach a separate sheet if necessary. **Do not attach a transcript.** ***PLEASE NOTE: You must be registered for at least a one-credit course in your program of study the semester in which you graduate.***

Course #	Title	Semester Taken	Credit Hours	Grade	Course #	Title	Semester Taken	Credit Hours	Grade

Thesis/Dissertation/Ed.S. project chair (if applicable): _____

Dissertation title (if applicable): _____

Provide the following signatures:

Student	Date	Academic Unit Head	Date
Adviser (Print Name)		Adviser (Signature)	Date
Program Coordinator	Date	Dean of CGOP	Date