

James Madison University

APPLICATION FOR A BACHELOR'S DEGREE

(See instructions on back)

1. Full legal name and Student I.D. number

Madison Jane Educate 987654321
 Last First Middle Suffix Student ID Number

2. Permanent Home Address

123 JMU GRAD HARRISONBURG VA 22807 540-555-5555
 Street City State Zip Telephone

3. Local Mailing Address

1105 HARRISONBURG VA 22807 540-568-5260 garberdv@jmu.edu
 JMU Box Number or Street City State Zip Telephone E-mail Address

4. Degree (Check one)

B.A. B.M.
 B.B.A. **B.S.**
 B.F.A. B.S.N.
 B.I.S. B.S.W.

5. Major(s) and Minor(s)

First Major IdLS Track# or MST or Second Major _____
 Concentration _____ Degree (if two degrees) _____
 First Minor Ed program IECE Second Minor _____
ELED
SPED-T or NT

6. Anticipated Date of Graduation Dec yr
Aug
MAY

Check here if you are completing requirements for teacher licensure Check here if you have received permission to complete your final courses at another institution

7. First Major courses you are currently completing

Department and Course No.	Course Title	Check if required for graduation
<u>IDLS 400</u>	<u>Capstone</u>	<input type="checkbox"/>
<u>GEOL 272</u>	<u>Planetary Geol</u>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Second Major and/or minor courses you are currently completing

Department and Course No.	Course Title	Check if required for graduation
<u>ECED 480</u>	<u>Student teaching</u>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

EXAMPLE ONLY

8. First Major courses you intend to complete.

Department and Course No.	Course Title	Check if required for graduation
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Second major and/or minor courses you intend to complete

Department and Course No.	Course Title	Check if required for graduation
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

When will you complete these courses? _____

When will you complete these courses? _____

9. Approved Course Substitutions and Waivers * Prc Approved Substitutions *

* 10. Signature of degree applicant Student Signature Jane Madison 9-9-10
 Date

I have checked the record of this applicant for graduation against the required courses. The applicant will fulfill requirements in the major and minor fields upon (1) successfully completing the courses listed above and (2) upon achieving a cumulative grade point average of 2.0 or better in all major and minor program(s).

11. Adviser Signature(s)

IDLS Advisor _____ Education Advisor _____
 First Major Date Second Major Date Minor Date Minor Date

12. Academic Unit Head Signature(s)

IDLS Director _____ Education Dept. Head _____
 First Major Date Second Major Date Minor Date Minor Date

Copies: Office of the Registrar (White) First Major (Yellow) Student (Pink)