THE GRADUATE SCHOOL
JAMES MADISON UNIVERSITY

Application for a Graduate/Doctoral Degree

Please **TYPE** ALL information, which cannot be saved or submitted electronically. Handwritten forms will be returned for resubmission. Print the completed form to submit to your program for signatures. Print an extra copy for your records. **Incomplete/incorrect forms will not be processed**.

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

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

Full Legal Name:_____

Student ID: _____ Telephone: _____

Please ensure that both permanent and local addresses are correct on your e-campus account.

After graduation, your diploma will be sent to the permanent address listed in e-campus while information regarding the commencement ceremony will be mailed to your local address.

_____. **I have corrected my contact information (addresses) in e-campus**.

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.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 Director	Date	Dean of TGS	Date