APPLICATION FOR GRADUATION

Lincoln University Office of Graduate Studies

Anticipated Date of Graduation: Semester	Year	Today's Date:		
Name		Student ID#:		
Local Address		Telephone #:		
City, State, Zip		E-Mail:	E-Mail:	
Are you currently enrolled? Yes No	_ If not, last date of a	attendance:		
DEGREE (please check one)				
MA in Higher EducationMA in HistoryMA in SociologyMA in Sociology/Criminal JusticeMBA in Business Admin, AccountingMBA in Business Admin, ManagementMBA in Business Admin, Mgt Info. SystemMBA in Business Admin, Public Admin/Policy Will you be transferring credit from another institution to be used in the YesNo				
If yes, state the course(s) you are taking as tra	nsfer credit and from	which institution:		
All transfer work must be completed by comm		itution		
*All master's candidates are required to complete a contheir final semester. Please consult the academic calend Name to be used on the diploma – Full Legal	dar for the deadline to sub	mit comprehensive examination/port		
First Name	Middle Name		Last Name	
Street Address	City	State	Zip	
Advisor's Signature	Date			

Your diploma will be mailed to you at the above address within 6 weeks from commencement.

IMPORTANT NOTICE: DIPLOMAS ARE DATED! APPLY FOR THE TERM IN WHICH ALL COURSEWORK (INCLUDING TRANSFER WORK) WILL BE COMPLETED PRIOR TO COMMENCEMENT. DIPLOMAS ARE ORDERED 8 WEEKS PRIOR TO COMMENCEMENT. APPLICATION AFTER THAT DATE MAY DELAY THE ISSUANCE OF THE DIPLOMA, BUT NOT GRADUATION. IF IT IS NECESSARY TO EXTEND YOUR GRADUATION DATE, PLEASE RE-APPLY SO THE PROPER DIPLOMA CAN BE ORDERED AND DEGREE REQUIREMENTS CAN BE RECHECKED!