



# APPLICATION FOR GRADUATION

Department of Graduate Studies in Education

Contact: Cheryl Rich

[crich@whitworth.edu](mailto:crich@whitworth.edu) or (509) 777-4360

I hereby petition the faculty to be considered a candidate for the degree of:

- M.A. Emphasis \_\_\_\_\_
- M.A.T. Emphasis \_\_\_\_\_
- M.ED. Emphasis \_\_\_\_\_

Whitworth University proposed posting date for the master's degree \_\_\_\_\_  
(proposed month)

Date of Commencement Ceremony: May, \_\_\_\_\_ (year)

I expect to complete my course work by the end of what term \_\_\_\_\_

I expect to complete my exit examination(s) by what date \_\_\_\_\_

For a **MAY** posting date, complete all course work and exit exam requirements applicable to your degree program by the end of Spring Term. For an **AUGUST** posting date, complete all course work and exit exam requirements by the Final Summer Term. To have a **JANUARY** posting date, complete all course work and exit exam requirements by the end of Fall Term. To have your name listed in the commencement bulletin, submit this *Application for Graduation* to the GSE Office by **January** of the year you are graduating.

I am planning to participate in the graduation ceremony. . . . .  No  Yes

I release my name for all graduation purposes. . . . .  No  Yes

I release my name to be printed in all graduation publications. . . . .  No  Yes

Hometown Newspaper \_\_\_\_\_  
(for special acknowledgment)

## ORDER FOR DIPLOMA:

Type/Print name w/ink as it is to appear on the Diploma and Commencement Bulletin. Your name and Hometown will be announced at Commencement as indicated below. Press hard with pen.

**\*\*CAP AND GOWN FEES WILL BE BILLED SEPARATELY**

F. Name \_\_\_\_\_ M. \_\_\_\_\_ L. Name \_\_\_\_\_

WW ID# \_\_\_\_\_ Ph# (home) \_\_\_\_\_ Ph# (office) \_\_\_\_\_ Ph# (cell) \_\_\_\_\_

Hometown and State (for Commencement Bulletin): \_\_\_\_\_

Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address/s: (1) \_\_\_\_\_ (2) \_\_\_\_\_

(If your address changes, please notify GSE)

**Return ASAP to:**  
Cheryl Rich,  
Whitworth University  
Dixon Hall 3<sup>rd</sup> Floor  
300 W Hawthorne Rd  
Spokane, WA 99251

Signature \_\_\_\_\_

Date \_\_\_\_\_