APPLICATION FOR GRADUATION

To be considered for degree conferral, students must submit this form to the Office of Registrar.

Fees:
Terminal degrees: $150.00
En-route Masters: $50.00

Deadlines:
November 1\textsuperscript{st}, January degree
March 1\textsuperscript{st}, June, August and September degrees

Degrees are conferred ONLY when the Office of the Registrar officially confirms that all requirements have been met and there are no outstanding financial obligations to the University.

Anticipated Degree Date:
☐ January 20__  ☐ June 20 __  ☐ August 20__  ☐ September 20__

Legal Name______________________________________  YU ID  ____________________
LAST, FIRST, MIDDLE  STARTS WITH # 800 or 999

Degree Applying: ____________________________ Major: ____________________________
(MA, PSYD or PHD) (for major codes see reverse side)

☐ I will not attend the graduation ceremony  ☐ I will attend the graduation ceremony in May 20__*

For your cap/gown order, please provide the following information: Height: ft ____ in ____ Weight: ______

Internship End Date (if you are currently on internship and applying for a doctoral or mental health MA degree): _______

*Please note students are only eligible to walk in the graduation ceremony if they have completed all requirements including oral defense, dissertation/research project revisions, and doctoral internship. Exceptions may be made for students whose only requirement left over the summer is doctoral internship. All students should receive permission to walk from the program directors. Masters en-route students are not eligible to walk.

DIPLOMA INFORMATION: (Please write exactly how you would like your name to appear on your diploma. You will be required to officially change your name with school records if the last name you enter differs from the last name that currently appears on your student record.)

Diploma Name

FIRST  MIDDLE  LAST
________________________________________

Mailing Address ________________________________________________________________
NUMBER & STREET, APT #  CITY  STATE  ZIP

Daytime Phone__________________________  Email:_______________________________

For PSYD and Ph.D. Candidates Only: Please provide the title of your Dissertation / Research Project:
__________________________________________________________________________________
__________________________________________________________________________________

Student Signature:_________________________________________________________  Date: ____________________________
MAJOR CODES
MHMA: Mental Health Counseling
HPMA: Clinical Health Psychology MA
CPMA: Clinical Psychology MA
SPMS: School Psychology
HPHD: Clinical Health Psychology
CPSY: Clinical Psychology
SPSY: School-Clinical Child Psychology

DEGREES
MA: Master of Arts
MA: Master of Arts
MA: Master of Arts
MS: Master of Science
PHD: Doctor of Philosophy
PSYD: Doctor of Psychology
PSYD: Doctor of Psychology