THE GRADUATE SCHOOL
JAMES MADISON UNIVERSITY

Application for a Graduate/Doctoral Degree

For May and August 2020 graduates only. December 2020 and later graduates will apply electronically through MyMadison.

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: ❍ Spring ❍ Summer Year: 2020

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

Full Legal Name: _____ JMU Email Address: _____

Student ID: _____ Telephone: _____

After graduation, your diploma will be sent to the permanent address listed in MyMadison while information regarding the commencement ceremony will be mailed to your local address. ☐ **I have corrected my permanent and local addresses in MyMadison**.

Program of Study: _____ Concentration(s): _____ _____

Degree: ❍ Au.D. ❍ D.M.A. ❍ D.N.P. ❍ 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): _____

Student Signature: _____ **Date:** _____

This section to be completed by appropriate department:

I have checked the record of this applicant for graduation against the required courses. The applicant will fulfill requirements in their program upon (1) successfully completing all of the courses listed above and (2) achieving a cumulative grade point average of 3.0 or better.

_____ _____ _____
Advisor (Print Name) Advisor (Signature) Date

_____ _____
Program Director (Signature) Date

_____ _____ _____ _____
Academic Unit Head (Signature) Date Reviewer Degree Audit Date