

**EASTERN**  
**MICHIGAN UNIVERSITY**  
OFFICE of RECORDS AND REGISTRATION

**Application for Graduate Degree or Certificate**

Please type or print:

APPLICATION FOR GRADUATION IN: APRIL \_\_\_\_ JUNE \_\_\_\_ AUGUST \_\_\_\_ DECEMBER \_\_\_\_ YEAR: \_\_\_\_

1. Student Number: \_\_\_\_\_ 2. Social Security Number (optional): \_\_\_\_\_

3. Name: Type or Print your name exactly as it should appear on your Diploma or Certificate

\_\_\_\_\_  
(First) (Middle) (Last)

4. Current Address: \_\_\_\_\_  
Street Address

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

5. Home phone number: (\_\_\_\_\_) \_\_\_\_\_ 6. Work phone number: (\_\_\_\_\_) \_\_\_\_\_

7. Diploma Mailing Address: This is where your Degree Posted Transcript and Diploma will be mailed

\_\_\_\_\_  
Street Address (MAY NOT BE A P.O. BOX) City State Zip

8. Check below the degree or certificate you are expecting to receive:

- |  |   |
|--|---|
| <input type="checkbox"/> Master of Arts                    | <input type="checkbox"/> Master of Fine Arts            |
| <input type="checkbox"/> Master of Business Administration | <input type="checkbox"/> Master of Business Education   |
| <input type="checkbox"/> Master of Health Administration   | <input type="checkbox"/> Master of Liberal Studies      |
| <input type="checkbox"/> Master of Music                   | <input type="checkbox"/> Master of Occupational Therapy |
| <input type="checkbox"/> Master of Public Administration   | <input type="checkbox"/> Master of Science              |
| <input type="checkbox"/> Master of Science in Nursing      | <input type="checkbox"/> Master of Social Work          |
| <input type="checkbox"/> Specialist in Arts                | <input type="checkbox"/> Doctor of Philosophy           |
| <input type="checkbox"/> Doctor of Education               |   |
| <input type="checkbox"/> Graduate Certificate              |   |

**Return this form with the \$95  
graduation fee to:**

**Cashier's Office  
201 Pierce Hall  
Eastern Michigan University  
Ypsilanti, Michigan 48197**

9. Program: \_\_\_\_\_

10. Indicate below the name of any institution(s) from which you are using transfer credit:

\_\_\_\_\_

**Please note the following criteria for using transfer credit towards your degree (Consult your advisor about the use of transfer credit)**

- An approved Request for Transfer of Credit form must be on file in the Office of Records and Registration.
- An official transcript must be on file in Graduate Admissions no later than one month prior to the degree award date;
- The course must have received a grade of "B" or better and must be indicated as graduate credit;
- The course must not be over six years old at the time you complete your degree;
- The course must appear on your Program of Study

Signature: \_\_\_\_\_ Date: \_\_\_\_\_