

Submit completed form with departmental signatures to: *Graduate School Office, Reynolda Village 118A.* This form must be filed with the Graduate School Office electronically or in person by the deadline listed on the academic calendar.

Name: _____ Student ID: _____
 Department: _____ Degree: _____
 Semester Entered Graduate School: _____ Concentration: _____
 Fall Spring Summer 20____ (If Applicable)
 Phone number: _____
 WFU Email: _____ Personal Email: _____

Examination Committee: (All committee members must be on Graduate Faculty)

_____	_____	_____	_____
Advisor	Committee Member	Committee Member	Committee Member (If Applicable)

Print your name as you want it to appear on your diploma
First and last name must match student record

Print your hometown as you want it to appear in the Commencement Program

Please mail the diploma to me at the following street address (NO POST OFFICE BOX). Allow 12 weeks for delivery.

AWARDS: Please list any awards which you would like listed in the Hooding & Awards Program. Include the following information: name of award, name of organization and year of award.

I fully expect to complete all the requirements for the _____ degree in time for it to be awarded on _____ Date

_____ Date _____ Signature of Candidate

DEPARTMENTAL ACTION ON CANDIDACY

_____	_____	_____
Date of Approval	Date of Denial	Signature of Thesis Advisor
_____	_____	_____
Date of Approval	Date of Denial	Signature of Program Director