

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

Name: _____ Department: _____

Degree: _____

Student ID: _____

Semester Entered Graduate School:
 Fall Spring Summer 20_____

Phone number: _____

WFU Email: _____ Personal Email: _____

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

_____	_____	_____	_____
Advisor	Committee Member	Committee Member	Committee Member (Psychology Only)

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.

REGALIA: Regalia will be ordered based on the following:

Height _____ Approx. Weight _____

I fully expect to complete all of 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