

An appointment must be scheduled with your advisor for completion of this application.  
No student will be considered for graduation without a signed intent to graduate form.  
\$150 graduation fee is required at the time of application

**PLEASE CLEARLY PRINT YOUR NAME HOW YOU WANT YOUR DIPLOMA TO READ:**

\_\_\_\_\_  
*First Middle Last*

\_\_\_\_\_  
*Mailing address City State Zip*

\_\_\_\_\_  
*Social Security # Email address*

\_\_\_\_\_  
*Home phone Work phone Cell phone*

**To order your cap & gown please specify height and weight:**      **Ht:**                      **Wt:**      lbs.  
**Are you planning on attending the commencement ceremony**      **No:**                       **Yes:**   
**Do you need handicap assistance?**                                      **No:**                       **Yes:**

<b>CHECK BOX</b>	<b>Term Student Is Finishing*</b>	<b>Conferral Date – Degree awarded date appearing on transcript</b>	<b>Final Deadline for All Grades, Transcripts, etc, to be Turned into the Phoenix Office</b>	<b>Commencement Ceremony</b>
<input type="checkbox"/>	Spring I 2010	<b>May 15, 2010</b>	April 7, 2010	Fall 2010
<input type="checkbox"/>	Spring II 2010	<b>July 31, 2010</b>	July 02, 2010	Fall 2010
<input type="checkbox"/>	Early Summer 2010	<b>August 31, 2010</b>	July 30, 2010	Fall 2010
<input type="checkbox"/>	Summer 2010	<b>December 31, 2010</b>	November 12, 2010	Spring 2011
<input type="checkbox"/>	Fall 2010	<b>December 31, 2010</b>	November 12, 2010	Spring 2011
<input type="checkbox"/>	Fall II 2010	<b>February 28, 2011</b>	February 07, 2011	Spring 2011

**Check below the Master’s Degree for which you are applying:**

\_\_\_\_\_ MAPC (60 hours)      \_\_\_\_\_ MAPC (50 hours Agency Counseling)      \_\_\_\_\_ MBA (36-42 hours)  
 \_\_\_\_\_ MAHR (36 hours)      \_\_\_\_\_ MAED (62 hours School Psych.)      \_\_\_\_\_ MAED (30-47 hours)

Concentration of Study (if applicable): \_\_\_\_\_

CAGS Concentration (if applicable): \_\_\_\_\_ PGS total (if applicable): \_\_\_\_\_

Number of Transfer Hours: \_\_\_\_\_ Name of transfer college/university: \_\_\_\_\_

*(Note: Directors please have transfer hours posted on student’s transcript before forwarding this application to the Registrar’s Office.)*

List of Ottawa University courses in progress: \_\_\_\_\_

List Ottawa University courses to be completed: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor’s Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Ottawa University Office Use Only**

Student ID: \_\_\_\_\_ Diploma Name Entered in CX: \_\_\_\_\_ Applied Date Entered in CX: \_\_\_\_\_ Entered on Excel Spreadsheet: \_\_\_\_\_ By: Initials: \_\_\_\_\_  
 Date: \_\_\_\_\_