

**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 to Cashier's Office  
201 Pierce  
with \$95 graduation fee**

Verification letters and diplomas will be mailed to the diploma mailing address on the graduation application unless otherwise changed in writing through the Office of Records and Registration  
303 Pierce Hall  
fax: 734.487.6808

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: \_\_\_\_\_