

Application for Graduate Degree or Certificate

(For degrees conferred by SCS only.)



SCHOOL OF
CONTINUING
STUDIES

Today's Date _____

Expected Graduation Date: December 20_____ June 20_____

Name _____

Prior name (if part of your SCS record) _____ Student ID _____

Street Address _____

City _____ State _____ Zip _____

Phone number _____ E-mail address _____

Signature _____

DEGREE INFORMATION

Please indicate if you are to receive a degree or a certificate: Degree Certificate

Name of degree or certificate to be awarded: _____

Name for Diploma or Certificate

Please type or print your name on the line below exactly as you wish it to appear on your diploma or certificate. Use only capital letters. Accent marks are acceptable.

Previous Degree(s) Awarded

Undergraduate Degree _____ Institution _____ Year _____

Graduate Degree _____ Institution _____ Year _____

POST-GRADUATION PLANS (for degree-seeking students only)

Please share your future plans with us so that we can stay in touch with you and provide you with important information and events for SCS Alumni, including information about the SCS Alumni Advisory Board.

Please take a few moments to answer the following questions about your post-graduation plans.

In the next six months, do you plan to (select all that apply):

- Change positions
- Stay in your current position
- Seek a promotion in your current position
- No employment plans
- Seek professional certification

If you are planning to change positions or career, have you begun a job search? Yes No

