



WON INSTITUTE OF GRADUATE STUDIES

Application for a Graduate Degree/ Certificate

Submit to: Department of Enrollment Management

Section 1 - Application

Name _____

Date _____

Program of Study: _____

Date Academic Program Began (month/year): _____

Section 2 - Official Contact Information

Personal Email: _____ Telephone: _____

Address _____

City _____ State _____ Zip _____

Section 3- Diploma and Graduation Information

Name, as it should appear on diploma or certificate : _____

Walking at commencement? Yes No Year: _____

Method to receive diploma: Commencement Ceremony Mail In-Person at Institute

Special Notes:

Student Signature:

Student (Print Name)

Signature

Date

END STUDENT SECTION

Section 4 - Degree Approval (*Advisor/Chair and Dean*)

Semester of completion of graduation requirements: Fall Spring Summer Year: _____

Degree or certificate to be awarded: _____ Catalog Year: _____

Student has met all institutional and programmatic graduation requirements as stated in the Course Catalog, and is approved for the degree or certificate named above.

Advisor or Program Chair (Print Name)

Signature

Date

Academic Dean (Print Name)

Signature

Date

Please complete all information and submit to the Registrar at Won Institute. Print an extra copy for your records.