State University of New York – Buffalo State Graduate School

Graduation Application
Master's Degree, Graduate Certificate or
Certificate of Advanced Study

Complete Section A ONLY and return to:
The Graduate School, Cleveland Hall 204
1300 Elmwood Avenue, Buffalo, NY 14222
or fax to 716-878-5630
Questions: 716-878-3007

Application Deadline Dates

May Graduation	**February 1st**
August Graduation	**February 1st to be included in May Commencement Program**
	or **June 1st (actual deadline)**
December Graduation	**October 1st**

If you apply after the application deadline date, we cannot guarantee your name will be in the Commencement Program.

By submitting this application, your name will automatically appear in the Commencement Program unless you attach a written request to withhold your name.

Print name as you wish it to appear on your diploma. **This information must match your official college record.** A formal Name or Address Change form and supporting documentation must be submitted to change your record.

_____
First   Middle   Last

Banner Number: B _____   **Telephone Number:**   (___) _____

E-mail Address: _____

(1) Select Term   ☐ May 201__   ☐ August 201__   ☐ December 201__   J-term reviews done on a case-by-case basis. See Graduate School.

(2) Select Degree   ☐ Master of Science   ☐ Master of Arts   ☐ Master of Science in Education
☐ Master of Public Administration   ☐ Master of Music Education
☐ Certificate of Advanced Study   ☐ Graduate Certificate

(3) Program of Study: _____

If Multidisciplinary Studies, Select Concentration: ☐ Individualized   ☐ Museum Studies   ☐ Public Relations Management

☐ **I have reviewed my record in Degree Works and have rectified any issues with my adviser** ___ *(initial)*

Department Evaluation and Approval for Master's Degree or Certificate of Advanced Study

FOR OFFICIAL USE ONLY - GRADUATE SCHOOL WILL SEND TO DEPARTMENT FOR APPROVAL

Adviser/Coordinator/Chair: _____ Office: _____

By signing below, I agree that I have reviewed the student's record in Degree Works and have applied any necessary adjustments.

- ☐ **APPROVED** subject to successful completion of courses being taken.
- ☐ **DENIED** (*Please indicate deficiencies*):_____
_____

Department/Coordinator Signature _____ Date _____

GRADUATE OFFICE USE ONLY   Program/Major Code _____

Approved: _____   Not Approved: _____   Reason: _____

8.4.15