

# **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 1<sup>st</sup>  
August Graduation February 1<sup>st</sup> to be included in May  
Commencement Program  
or June 1<sup>st</sup> (actual deadline)  
December Graduation October 1<sup>st</sup>  
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: \_\_\_\_\_