

## Graduate Application for Graduation

Office of the Registrar 8425 West McNichols Road Detroit, MI 48221 Phone: (313) 927-1727

**APPLICANT INSTRUCTIONS**: Please print all information legibly. Your diploma will be issued in the name as it appears below (no nicknames or abbreviations). The application fee must be paid **prior** to the submission of your application. Should you fail to meet the degree requirements at the time of submission, your application will automatically be forwarded to the next two graduation dates; thereafter you must resubmit a graduation application.

First		Middle	e Last
Address			CITY/ STATE/ ZIP
Telephone ( )			Student ID
DEGREE INFOR	RMATION:		
Graduation Date:	□August	December	□May 20
Degree:	□ M.A.	□M.Ed.	Catalog year
Major			
Area of Concentration	Specialization		
Signature of Student _			Date/
and catalog year that below regarding the	appear on this for accuracy of this i	orm matches the Danformation. A de	appropriate degree, major, minor, specialization, Datatel system. Please check the appropriate box egree audit and any necessary substitutions.  I) must accompany this application.
☐ Info	Information relating to the students degree, major, etc., matches Datatel		
☐ Info	Information relating to the students degree, major, etc., DOES NOT match Datatel		
			ram evaluation of the graduation candidate named the attached program evaluation.
Signature of Advisor_			Date/
OFFICE USE:			
Initial Application		1st Rollover	Final Rollover