

## Merit

Other

**Enrollment Management and Student Success** 

Admissions and Records

## APPLICATION FOR GRADUATE DEGREE (Masters)

## Instructions:

- I. Complete and sign this form
- 2. Make payment ( $\tilde{\$}49$ ) at the Cashier's Window
- 3. Submit form to the Admissions & Records Office
- 4. The Records Office and Graduate Studies Office will conduct a degree audit of your progress towards graduation. Please see your Program Chair regarding degree requirements for graduation.

NOTE: In the event you do not complete graduation requirements in the semester you	ı indicate below, you must submit another	
Application for Graduate Degree form with a reapplication fee (\$24).		
FULL NAME (PLEASE PRINT)	SSN/ID#	

			551412#		
Guam Mailing Address			Permanent Home Address		
VILLAGE RESIDING IN	EMAIL		PHONE#(S)		
PRIOR DEGREES					
BACCALAUREATE DEGREE: COLLEGE/UNIVERSITY:					
MASTERS DEGREE:		COLLEGE/UNIVERSITY:			
I EXPECT TO GRADUATE BY THE END OF SEMESTER:					
	20	Fall 20 Sp	oring 20 Summer		
	A 🗆 MAT 🗆 MED 🗆				
Major			AREA OF SPECIALIZATION		
I WISH TO HAVE MY NAME APPEAR ON MY DIPLOMA AS FOLLOWS:: (PLEASE PRINT)					
My plan immediately following my graduation (check all that apply):					
Continue employment with					
Attend graduate school: at UOC	$\square$ at another inst	itution			
Seek employment with: GovGua	n 🗌 Local Private Sec	tor 🛛 Federal Gove	rnment 🗌 Off-Island firm 🛛 Undecided		
Military Status: 🛛 Veteran 🖓 Active Military 🖓 None					
Receiving your diploma:					
I wish to participate in the Commencement Program					
I will pick up my diploma after Commencement Day					
□ I wish to graduate in absentia					
□ Please mail my diploma to: □ my Guam mailing address □ my permanent home address					
NOTE: Diplomas will be distributed at the Commencement Program. If you do not participate in the program, you may pick up your diploma at the Admissions & Records Office after Commencement Day, or opt to have it mailed to you. (Note: Domestic certified mail & foreign mail charge varies. Please contact the cashier)					
STUDENT'S SIGNATURE	DA				
×					
FOR OFFICIAL USE					
PAYMENT RECEIPT #	Pa	YMENT RECEIVED BY			
Evaluation Remarks					