WESTERN OREGON UNIVERSITY

APPLICATION FOR COMPLETION OF A MASTER'S DEGREE

This form should be filed with the Graduate Office (Admin. 104) the term prior to the term in which the student plans to graduate.
APPLICATION FEE: $25

Your name, as you wish it to appear on your diploma: _____

V#:_____ Email:_____

Local Address:_____

City:_____ State:_____ Zip:_____

Primary Phone:_____ Cell___ Home___ Work___

Secondary Phone:_____ Cell___ Home___ Work___

Diploma should be mailed to:

Address:_____

City:_____ State:_____ Zip:_____

Degrees are conferred once each year at the June Commencement. All official transcripts for transfer courses must be on file in the Graduate Office and all requirements for the degree must be completed before a student is allowed to participate in the commencement program. A diploma will not be awarded until all master's degree requirements are completed.

Final comprehensive examinations are administered Fall, Winter and Spring terms. They are not offered during summer. The earliest a student is eligible to take their final written comprehensive examination is during their last term of study. **Additional evaluation procedures must be satisfactorily completed and reported to the Graduate Office at least three (3) weeks before the end of the term in which the applicant plans to graduate.**

I request consideration for completion of a:

☐ Thesis ☐ Portfolio ☐ Professional Project ☐ Field Study

☐ Advanced Proficiency ☐ Compact Disk and Recital (MM only) ☐ Practicum (MIS only) ☐ Written Comprehensive Examination

During _____ Term of 20_____

For Comprehensive Exams Only:

I prefer to take the exam in: ___ One Day ___ Two Days

☐ I will need special accommodations. I have contacted WOU's Office of Disability Services to make arrangements.

Master's degree and area being completed: _____

List all courses by number, title and credit hours in which you will be enrolled during the term you plan to complete your degree. Also list all courses in which you have not cleared an incomplete grade:

PREFIX	COURSE #	COURSE NAME	CREDITS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By typing your name below, you agree this is valid as your signature: ☐

Your Signature: _____ Date:_____