

APPLICATION FOR GRADUATE DEGREE (MASTERS)

INSTRUCTIONS:

1. Complete and sign this form.
2. Pay \$100 application fee. To make a payment using your credit card, call the Cashier at (671) 735-2923/ 2945/6.
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 indicate below, you must submit another Application for Graduate Degree form with a reapplication fee (\$50).

| | | | |
|--|-------|---------------------------|--|
| FULL NAME (PLEASE PRINT) | | SSN/ID# | |
| 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_____ Spring 20_____ Summer | | | |
| I HEREBY SUBMIT THIS APPLICATION FOR THE DEGREE OF: MA MAcc MAT MED MBA PMBA MPA MS | | | |
| 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): | | | |
| <input type="checkbox"/> Continue employment with _____ <input type="checkbox"/> Attend graduate school: <input type="checkbox"/> at UOG <input type="checkbox"/> at another institution <input type="checkbox"/> Seek employment with: <input type="checkbox"/> GovGuam <input type="checkbox"/> Local Private Sector <input type="checkbox"/> Federal Government <input type="checkbox"/> Off-Island firm <input type="checkbox"/> Undecided | | | |
| MILITARY STATUS: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> None | | | |
| RECEIVING YOUR DIPLOMA: | | | |
| <input type="checkbox"/> I wish to participate in the Commencement Program <input type="checkbox"/> I will pick up my diploma after Commencement Day <input type="checkbox"/> I wish to graduate in absentia <input type="checkbox"/> Please mail my diploma to: <input type="checkbox"/> my Guam mailing address <input type="checkbox"/> my permanent home address | | | |
| <i>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 charges vary. Please contact the cashier.)</i> | | | |
| STUDENT'S SIGNATURE | | DATE | |
| X | | | |

FOR OFFICIAL USE

| | | | |
|----------------|---------------------|--------------|---------------------|
| PAYMENT AMOUNT | PAYMENT RECEIPT NO. | PAYMENT DATE | PAYMENT RECEIVED BY |
|----------------|---------------------|--------------|---------------------|

EVALUATION REMARKS