



<input type="checkbox"/> Teacher Training
<input type="checkbox"/> Merit
<input type="checkbox"/> Other _____

APPLICATION FOR GRADUATE DEGREE (Masters)

Instructions:

1. Complete and sign this form
2. Make payment (\$44) 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 and will make ready for pick up an academic evaluation report showing your status for degree completion.

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 (\$24).

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 MAKE APPLICATION FOR THE DEGREE OF: <input type="checkbox"/> MA <input type="checkbox"/> MAT <input type="checkbox"/> MED <input type="checkbox"/> MBA <input type="checkbox"/> PMBA <input type="checkbox"/> MPA <input type="checkbox"/> MS <input type="checkbox"/> MSW		
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 charge varies. Please contact the cashier)</i>		
STUDENT'S SIGNATURE		DATE
X		
FOR OFFICIAL USE		
PAYMENT RECEIPT #		PAYMENT RECEIVED BY
EVALUATION REMARKS		