

APPLICATION FOR GRADUATION GRADUATE DEGREES

UofM Student ID #

IMPORTANT: This document must be approved and signed by your program adviser before submitting to the Graduate School. See http://www.umt.edu/grad/Current%20Students/Graduation%20Resources/default.php for deadlines. Refer to the Graduate School website at www.umt.edu.grad for the exact deadline and policies. Please bring your application and the \$45 application fee to the Graduate School in Griz Central, EL 224. Students not graduating the semester applied will be charged a \$20 processing fee each semester until the degree is completed. After your adviser has signed this document, you may make no changes in your program without the approval of your adviser and the Graduate Dean. Questions? Call us at 243-2572 or e-mail grad.school@umontana.edu.

Name		Degree Award Date					
Print your	name as it should appear on diploma		Expected Semester, Year				
Local Address	Address, City, State, Zip Phone						
Diploma Address							
·	Address, City, State, 2	Zip					
(Addre	ss that will be valid 3 to 4 months after graduation	n date - NOTIFY Graduate S	School if address changes)				
UofM E-Mail Address			_				
Degree Applying For:							
Major		Option					
	fessional Paper Dissertation nent is a thesis, professional paper or d School.) Institution	☐ Non-Thesis lissertation, an approve Date	☐ In-House Paper/Project/Portfolio ed committee appointment form must Major Field				
*********		 	******				
Banner Input Date:	Access Input Date:	Scanned Date:	Final GPA:				
Committee: N Y NA	Library: N Y NA \$20	Processing Fee					
Continuous Registration							
ETDP & Other Notes:							

Please Print	00115050			UofM Student ID #			
	COURSES O	FFERED	FOR THE DEGREE				
Course Number & Title (Chronological C	order by Date	Credits	Date (Semester/Yr)	Grade	Non-degree	Transferred	
OTAL NUMBER OF CREDITS			<u> </u>				
	Make C	Copies of th	is Sheet if Necessary)				
he Application for Graduation is signed he Graduate School will return a copy c erformed.							
pplication For Graduation Approved:							
-	Date		Student Adviser or Department Chair Signature				
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	Date	Graduate School Signature					
***********************	********For Depa	artmental Us	se Only*****************	******	******		
rior to the end of the student's final sem ne following and return the departmenta ompletion document on the Graduate S	I copy of this a	application	to the Graduate Sch				
comprehensive Examinations, OR							
n-house Paper/Project/Portfolio, OR lon-thesis Requirements Satisfied:	Date		Committee Cha	ir Signatur	e		
hesis, OR Professional Paper,							
R Dissertation Defense Satisfied:	Date		Committee Cha	ir Signatur	<u></u>		
Date		Committee Chair Signature					