

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 at least one semester before the date your degree is to be awarded. Refer to the Graduate School website at <u>www.umt.edu.grad</u> 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.* Signed student checklist should accompany this form. Questions? Call Isa Atkinson at 243-2572 or e-mail isa. atkinson@umontana.edu.

Name	Degree Award Date				
Print you	r name as it should appear on diploma		Expected Semester, Year		
Local Address		Phone			
	Address, City, State, Zip				
Diploma Address					
	Address, City,	, State, Zip			
(Addre	ess that will be valid 3 to 4 months after	graduation date - NOTIFY Graduate Sc	chool if address changes)		
UofM E-Mail Address			_		
Degree Applying For:					
Major		Option			
			☐ In-House Paper/Project/Portfolio d committee appointment form <u>must</u> Major Field		
*****		School Use Only************************************			
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:					

N

Name							
Please Print COURSES OFFERED FOR THE DEGREE					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	
TOTAL NUMBER OF CREDITS							
	Make C	Conies of thi	is Sheet if Necessary)				
The Application for Graduation is signed The Graduate School will return a copy of performed.							
Application For Graduation Approved:							
	Date		Student Advise	r or Depart	ment Chair Signa	aturo	
	Date Student Advis			ser or Department Chair Signature			
	Date		Graduate School Signature				
				C			
***************************************	********For Gradu	ate School I	lse Only************************************	*****	*****	**	
Prior to the end of the student's final sen the following and return the departmenta completion document on the Graduate S	al copy of this a	application	to the Graduate Sch				
Comprehensive Examinations, OR In-house Paper/Project/Portfolio, OR	Data			in Oirer at a	_		
Non-thesis Requirements Satisfied:	Date		Committee Cha	in Signatur	e		
Thesis, OR Professional Paper,							
OR Dissertation Defense Satisfied:	Dete		Committee Che	ir Cianatur	•		

Committee Chair Signature