



**TOURO COLLEGE**  
**OFFICE OF THE REGISTRAR**  
**GRADUATE SCHOOL OF EDUCATION**

43 WEST 23RD STREET  
 NEW YORK NY 10010  
 TEL. (212) 463-0400  
 FAX (212)462-4889

**APPLICATION FOR GRADUATION**

**IF YOU EXPECT TO COMPLETE YOUR REQUIREMENTS BY:**

**FORM MUST BE FILLED OUT BY:**

- (CHECK ONE)        JANUARY
- JUNE
- SEPTEMBER

- NOVEMBER 15<sup>TH</sup>
- MAY 1<sup>ST</sup>
- JULY 15<sup>TH</sup>

**PLEASE WRITE OUT YOUR NAME AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA (IF DIFFERENT THAN THE ONE SHOWN ON YOUR OFFICIAL TOURO RECORD, YOU MUST FILL OUT A CHANGE OF NAME FORM AND SUPPLY SUPPORTING DOCUMENTATION.)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

STUDENT ID# \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE (    ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

**DEGREE AND MAJOR: (CHOOSE ONE)**

- M.S. in Instructional Technology
- M.S. in Teaching English to Speakers of Other Languages (TESOL)
- M.S. in Teaching Literacy

**PROCESSING FEE: \$200.00 (THE PAYMENT MUST BE DONE ONLINE BY LOGGING ONTO YOUR TC-WEB ACCOUNT AND CLICKING ON "QUICK PAY").**

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BURSAR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>			
GRADUATION DATE:	JANUARY / JUNE / SEPTEMBER	YEAR:	_____
PROCESSED BY:	_____	DATE:	_____