



APPLICATION FOR GRADUATION

IF YOU EXPECT TO COMPLETE YOUR REQUIREMENTS BY:

FORM MUST BE FILLED OUT BY:

(CHECK ONE)

- JANUARY
- JUNE
- SEPTEMBER

- NOVEMBER 15TH
- MAY 1ST
- JULY 15TH

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 School Psychology
- M.S. in Mental Health Counseling
- M.S. in School Counseling

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 _____

FOR OFFICE USE ONLY:

GRADUATION DATE: JANUARY / JUNE / SEPTEMBER YEAR: _____

PROCESSED BY _____ DATE _____