

**University of Arkansas at Monticello  
Master Degree Graduation Application**

Please Print

Name: \_\_\_\_\_ Student ID # or SSN: \_\_\_\_\_

Expected Completion: August December May Year: \_\_\_\_\_ Catalog Year: \_\_\_\_\_

Degree: Check One \_\_\_\_\_ Master of Arts in Teaching \_\_\_\_\_ Master of Education in Educational Leadership  
\_\_\_\_\_ Master of Education \_\_\_\_\_ Master of Science – Forest Resources

Concentration 1: \_\_\_\_\_ Concentration 2: \_\_\_\_\_

Print your name exactly the way you want it to appear on your diploma:

**A commencement ceremony is conducted only in May.** To participate in the May commencement ceremony, graduate-level students must have completed all of the degree requirements.

Will you participate in the May ceremony? Yes No If yes, give year \_\_\_\_\_

May we release your name and degree for the commencement program and hometown media? Yes No

**All diplomas are mailed. This address will be used for mailing your diploma only. For permanent address changes, complete a Change in Student Data form. Diplomas will be mailed approximately four to six weeks after the conferral date.**

Address to mail diploma: \_\_\_\_\_  
Street City State Zip

Has a signed degree audit or plan been submitted? Yes No Advisor's name: \_\_\_\_\_

Are you taking coursework toward this degree at another institution? Yes No

Name of Institution: \_\_\_\_\_

Course(s) Name and Number: \_\_\_\_\_

Completion Date: \_\_\_\_\_ Is this a correspondence course? Yes No

NOTE: All official transcripts indicating grades for coursework taken at another institution must be sent directly to the Office of the Registrar, P. O. Box 3598, Monticello, AR 71656, no later than the last day of the semester at UAM in order to complete graduation that semester.

All requirements for this degree must be completed before it is posted to the transcript or diploma issued. If the requirements are not completed during the semester listed above, three (3) additional semesters will be allowed to complete with this application, after which a new application must be submitted. The student's advisor is notified once a student is removed from the candidate file.

**FOR EDUCATION MAJORS ONLY:** I will be applying for teacher licensure and grant the University permission to release my transcript, test scores, and any other applicable materials to the licensing agency: \_\_\_Yes \_\_\_No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

For Registrar's Office Use Only

\_\_\_\_ Candidate Date \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_ Student Update Date \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_ Degree Audit Date \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_ Advisor letter Date \_\_\_\_\_ by \_\_\_\_\_

Original: Registrar Copy to: Advisor, Student

revised 10/07 cd