

Complete this form after a student applies for graduation and is submitted with Program Director approval to gradcompletion@mcw.edu by the following due date:

Masters: January 1 (Spring graduation), June 1 (Summer graduation), October 1 (Fall graduation)

Doctoral: 60 days prior to dissertation defense

STUDENT INFORMATION

LAST _____ FIRST _____ MIDDLE INITIAL _____

PROGRAM _____

ANTICIPATED DEGREE DrPH MA (FINAL PAPER) MA (THESIS)

MPH MMP MS MPH PhD

ANTICIPATED GRADUATION TERM FALL SPRING SUMMER

DEFENSE DATE (IF KNOWN/APPLICABLE) _____

PROGRAM DIRECTOR APPROVAL

This student has completed or is scheduled to complete the required coursework and all program requirements as outlined in the program handbook and published academic bulletin by the end of the end of their anticipated graduation term. I approve this student's application for graduation.

Comments:

NAME _____ SIGNATURE _____ DATE _____