Degree Application
(Doctor of Philosophy)

IMPORTANT DATES

GRADUATION DATE: September January May
APPLICATION DUE DATE: June 1 October 1 February 1

(A) PERSONAL INFORMATION

Print your name EXACTLY as you wish it to appear on your diploma. If this name does not correspond with the name on your Graduate Admissions application, you must submit a Notarized Change of Name Form. This does not include spelling out your middle name or adding a middle initial.

- Title: ________________________________
- Name: (Last, First, M.I) ________________________________
- Student ID #: ________________________________
- Local Address: (Commencement instructions will be mailed here) ________________________________
- Permanent Address: (Diploma and final transcript will be mailed here) ________________________________
- Local Phone No.: ________________________________
- Permanent Phone No.: ________________________________
- E-mail: ________________________________

(B) DEGREE INFORMATION

- Graduation Date: ________________________________
  - September
  - January
  - May

- Major(s): (Check ☑ all that apply)
  - Accounting
  - Economics
  - Finance
  - Information Systems
  - International Business
  - Management
  - Marketing
  - Statistics
  - Operations Management
- Minor: ________________________________

(C) PREVIOUS DEGREE INFORMATION (List all previous degrees)

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IMPORTANT INFORMATION:

You will receive written notification of your graduation evaluation prior to the date of graduation and written confirmation of your degree two weeks after graduation. All candidates will receive Commencement and Pre-commencement instructions in April. (Please mail or fax this form to the address above.)

Grades for all courses MUST be submitted to the Office of Records and Registration and all financial obligations must be satisfied by the first Friday of May for May degree candidates and by the third Monday of January or September for January and September degree candidates respectively.

Student’s Signature: ________________________________ Date: ________________________________

DOCTORAL OFFICE USE ONLY

Dissertation Title: ________________________________
Dissertation Chairperson/Advisor: ________________________________
I certify that this student has satisfied all requirements for the Doctor of Philosophy degree.

Doctoral Office Certification: ________________________________ Date: ________________________________