

EDINBORO UNIVERSITY OF PENNSYLVANIA
MASTER'S DEGREE GRADUATION CARD

STUDENT IDENTIFICATION NUMBER: _____

Print your full legal name as you desire it to appear on your diploma: (PLEASE USE UPPER AND LOWER CASE LETTERS)

First Middle Name or Middle Initial Last

CONTACT TELEPHONE NUMBER: Local: _____ Home: (_____) _____

HOME ADDRESS (ONLY):

Street City State Zip Code

NOTE: It is your responsibility to inform the Coordinator of Records if you wish to change this address.

CHECK DEGREE YOU WILL COMPLETE:

() M.A. with a major in _____ () M.F.A. with a major in _____ () M.Ed. with a major in _____
() M.S. with a major in _____ () M.S.W. degree

CHECK THE SESSION WHEN YOU EXPECT TO COMPLETE THE FINAL REQUIREMENTS FOR YOUR DEGREE:

() 1st Semester, Fall _____yr. () 2nd Semester, Spring _____yr. () Summer Session 1st, 2nd or 3rd _____yr.
(Please circle session number you plan on graduating.)

Signature Date

Submission of this card will result in the ordering of a diploma that will contain your name and the completion date of the session.

You must complete all requirements including "I" and "R" grades, comprehensive exams, non-credit projects and thesis within TWO WEEKS of the graduation date. If all requirements are not complete within this two-week period, you must reapply for graduation when the degree requirements have been met.

PLEASE RETURN THIS FORM TO: OFFICE OF RECORDS AND REGISTRATION, HAMILTON HALL

8/23/04