



Kentucky State University
Application for Graduate Degree
Degree Checkout Form
 (Form Revised February 2006)

Instructions: The student must apply for graduation the semester/session prior to the actual date of graduation. The deadline sfor submittal are outlined in the Academic Calendar in the *University Catalogue* and the semester *Information Booklet*.

- The student must complete Section I of this form, sign in Section IV, and submit this application to the division chairperson or dean.
- The department must complete Section II, Section III, and signature portion of Section IV of this form and submit to Office of Graduate Studies.
- The department must attach a copy of the curriculum checklist with notations of completed, substituted and waived courses.
- Upon receipt of the Office of the Registrar will complete the preliminary degree audit and notify the student and department of the status of the Application for Graduate Degree.

I. Student Information Student ID: _____ Date: _____

Name: _____
 Note: Print Full name as it is to appear on diploma. _____ Hometown (Required) _____

Current Email: _____ Current Phone: _____

Name on University records (If different than above): _____

Address after Street: _____ Apt: _____
Graduation
 City: _____ State: _____ Zip: _____

Advisor: _____

Degree: _____ Catalogue of Record: _____ Grad. Date: _____

Program: _____ Area(s) of Specialization: _____

II. Courses in Progress (For transfer courses, identify institution after course number)

(please add additional courses on additional sheets if needed)

Fall:	Spring:	Summer:
Prefix & No. (If Applicable)	Prefix & No. (If Applicable)	Prefix & No. (If Applicable)
Title	Title	Title
Hours	Hours	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will courses in progress meet the minimum graduation hours required for the degree? Yes No

III. Thesis and Comprehensive Examination Section

Has a comprehensive examination been completed? Yes No Not required
 Has a thesis or major project been completed? Yes No Not required

IV. Signature Section

Student: _____ Date: _____
 Advisor: _____ Date: _____
 Program Coordinator: _____ Date: _____
 Masters Department Head: _____ Date: _____
 College Dean: _____ Date: _____
 Director of Graduate Studies: _____ Date: _____
 Registrar Certification: _____ Date: _____

