

Portland State University

Application for Awarding of Master's or Doctoral Degree

Due the first Friday of the term in which you anticipate completing your master's or doctoral degree

Deliver or mail **BOTH** signed and dated copies to: OFFICE OF GRADUATE STUDIES Unitus Building, 6th floor / PO Box 751 Portland, OR 97207

Faxed/emailed copies of this form will NOT be accepted

ANTICIPATED TERM OF GRADUATION _____
Term Year STUDENT ID NUMBER last 4 digits of SSN

PLEASE PROVIDE YOUR NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA (Name must be on PSU records)

First Name Middle Name Last Name
DEGREE (e.g. MA, MS, MBA, MEd, PhD, EdD) _____ in _____ (major)

Best DAYTIME PHONE NUMBER for contacting you _____ Alternate PHONE NUMBER _____

E-MAIL ADDRESS _____ ADVISER's name (not signature) _____

- A \$20 charge will be applied to your PSU account after your application is processed by the Office of Graduate Studies
- Diploma information will be mailed to your address in the Student Information System – be sure your mailing address is up to date

STUDENT SIGNATURE (REQUIRED)

Date

Do you want your name printed in the Commencement Program? Yes No

HOMETOWN: City _____ State/Country _____
(optional; for the Commencement Program)

Are you currently admitted to another graduate program at PSU which you plan to continue after completion of this degree? No Yes If Yes, in which program? _____

OFFICE USE ONLY:	
Req. Com.	_____
Initials/Date	OGS 1/07

ADDITIONAL DOCUMENTS ARE REQUIRED FOR GRADUATION. For details and online forms visit <http://www.gsr.pdx.edu>

Portland State University

Application for Awarding of Master's or Doctoral Degree

Due the first Friday of the term in which you anticipate completing your master's or doctoral degree

Deliver or mail **BOTH** signed and dated copies to: OFFICE OF GRADUATE STUDIES Unitus Building, 6th floor / PO Box 751 Portland, OR 97207

Faxed/emailed copies of this form will NOT be accepted.

ANTICIPATED TERM OF GRADUATION _____
Term Year STUDENT ID NUMBER last 4 digits of SSN

PLEASE PROVIDE YOUR NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA (Name must be on PSU records)

First Name Middle Name Last Name
DEGREE (e.g. MA, MS, MBA, MEd, PhD, EdD) _____ in _____ (major)

Best DAYTIME PHONE NUMBER for contacting you _____ Alternate PHONE NUMBER _____

E-MAIL ADDRESS _____ ADVISER's name (not signature) _____

- A \$20 charge will be applied to your PSU account after your application is processed by the Office of Graduate Studies
- Diploma information will be mailed to your address in the Student Information System – be sure your mailing address is up to date

STUDENT SIGNATURE (REQUIRED)

Date

Do you want your name printed in the Commencement Program? Yes No

HOMETOWN: City _____ State/Country _____
(optional; for the Commencement Program)

Are you currently admitted to another graduate program at PSU which you plan to continue after completion of this degree? No Yes If Yes, in which program? _____

OFFICE USE ONLY:	
Req. Com.	_____
Initials/Date	OGS 1/07

ADDITIONAL DOCUMENTS ARE REQUIRED FOR GRADUATION. For details and online forms visit <http://www.gsr.pdx.edu>

**Submit complete application, with BOTH halves signed and dated, to
Office of Graduate Studies, Unitus Bldg., 6th Floor**