

Date: _____

ID Number: _____

Phone Number: _____

E-mail Address: _____

WINGATE UNIVERSITY

Commencement Application for Graduate Education Programs

First Middle Last (suffix)

★PRINT YOUR NAME EXACTLY AS YOU WANT IT TO APPEAR ON YOUR DIPLOMA (including suffixes – “Jr.”, “III”, etc.) ★

1. I am applying for the following degree: (check one)

____ Master of Arts in Education – Elementary Education (K-6) – (MAED)

____ Master of Arts in Teaching (K-6) – (MAT)

____ Master of Arts in Education – Educational Leadership (EDLD)

____ Master of Arts in Education – Physical Education (MEPE)

____ Master of Arts in Education – Sport Administration (MASA)

2. I plan to complete requirements in: ____ December 2008 ____ May 2009 ____ August 2009

3a. I plan to participate in the May Commencement ceremony following the completion of **all** program requirements. ____ Yes ____ No

3b. If an August graduate; do you plan to attend the 2010 Ceremony?
____ Yes ____ No

4. Hometown (listed in program): _____
City State Country (other than US)

5. Permanent address (In case diploma must be mailed): _____

I understand that it is my responsibility as a Wingate University student to fulfill all degree program and graduation requirements as described in the programs of study and academic policies as stated in the catalog. Advisors and administrative staff may assist me with curricular decisions, but ultimately, I am responsible for my choices.

Signature of graduation applicant

Date

****This application must be returned by the date listed on the academic calendar.****

★ ALL MASTER’S GRADUATES WILL BE BILLED \$125.00 GRADUATION FEE THE SEMESTER OF REQUIREMENT COMPLETION ★

All financial obligations to Wingate University must be met before the diploma and/or final transcript will be released to the student.

Return to:

Director, Graduate Education Programs, Wingate University Metro Campus, PO Box 3549, Matthews, NC 28106 or Fax: (704) 849-2468

Revised 01-09