

APPLICATION FOR DEGREE

PLEASE ADD MY NAME TO THE DEGREE LIST FOR THE FOLLOWING GRADUATION DATE:

				GRADUATION PERIOD
				<input type="checkbox"/> August _____
				<input type="checkbox"/> October _____
				<input type="checkbox"/> December _____
				<input type="checkbox"/> May _____
PRINT LAST NAME	FIRST NAME	MI	UIN	

PROGRAM CODE AND DESCRIPTION OF THE MAJOR IN WHICH DEGREE(S) WILL BE RECEIVED, IF KNOWN

Program code: _____ Major: _____
 Program Code can be obtained from the UI Integrate Self-Service application (<https://apps.uillinois.edu>)

PLEASE INDICATE THE DEGREE(S) YOU ARE COMPLETING

<input type="checkbox"/> EDM	<input type="checkbox"/> MCL	<input type="checkbox"/> MME
<input type="checkbox"/> LLM	<input type="checkbox"/> MCS	<input type="checkbox"/> MMUS
<input type="checkbox"/> MA	<input type="checkbox"/> MEXED	<input type="checkbox"/> MS
<input type="checkbox"/> MARCH	<input type="checkbox"/> MFA	<input type="checkbox"/> MSPH
<input type="checkbox"/> MAS	<input type="checkbox"/> MHRIR	<input type="checkbox"/> MSW
<input type="checkbox"/> MBA	<input type="checkbox"/> MLA	<input type="checkbox"/> MUP
<input type="checkbox"/> CAS	<input type="checkbox"/> CERT	
<input type="checkbox"/> AMUSD	<input type="checkbox"/> JSD	
<input type="checkbox"/> EDD	<input type="checkbox"/> PHD	

Are you continuing for doctorate? Yes No
 Are you depositing a thesis? Yes No
 Are you currently registered? Yes No
 Are you in a joint degree program? Yes No

List email or permanent address to be used for correspondence.

Signature of Student/Proxy

Date

STUDENT: PLEASE RETURN THIS FORM TO YOUR DEPARTMENT

FOR DEPARTMENTAL USE ONLY:

Approve add to degree list: _____ Date: _____

FOR OFFICE OF THE REGISTRAR USE ONLY:

Effective/Priority Term: _____ Minor: _____ Processor: _____

Catalog Term: _____ Concentration: _____ Date processed: _____