WPI Graduate Student Application for Graduation

(Select one) Name _____
First *Initial* *Last (family*

The application process is to be completed during the semester in which the student anticipates completion of all degree requirements. Graduate students must be registered in the semester in which the degree requirements are completed. Return this form to the Registrar's Office, WPI, 100 Institute Road, Worcester, MA 01609 by the following deadlines:

For October: Prior to July 1 • For February: Prior to October 1 • For May: Prior to February 1

Student ID Number: _____ Projected Graduation _____ Matriculation Date _____

Degree: (select one) _____

Program: (select one) _____ Other: _____

Previous Degrees: (list degree, college, city, state, country, date)

Course of Study: Show graduate program, including courses already completed, those in progress, and those proposed to complete program. Transfer courses, including those taken at WPI under the BS-MS program, should be clearly designated. Copies of transcripts being used for transfer credit (exception: WPI transcripts) must be submitted with this application. Note: Applicants are required to notify the Registrar's Office in writing if any changes are made in the program given on this application. Attach petition granting waivers to requirements.

Course Number	Title	Semester	Credit Hours	Grade

Please Note: Regulations for preparation of theses and dissertations can be viewed at **www.wpi.edu/Academics/Library/Pubs/.**
Theses deadlines can be viewed at **www.wpi.edu/Admin/Registrar/schedule.html.**

Circle one: DR 598 THES 599 PhD 699

	Advisor	Semester	Credit Hours	Grade

Total Credits: _____ CQPA: _____

Required Examinations and Dates of Successful Completion:

Faculty Advisor(s)
for Ph.D. Dissertations:

Please print your full name as it should appear on your diploma.
(indicate upper and lower case, middle names, Jr. or Sr., II or III – ***very important!***)

First Name *Middle Name* *Last (family) Name*

Applicant:

Student *(signature)* Date

Recommendation: Approval Disapproval

Advisor *(signature)* Date

Recommendation: Approval Disapproval

Head of Department/Program *(signature)* Date

Recommendation: Approval Disapproval

Registrar *(signature)* Date