

Worcester Polytechnic Institute

Office of the Registrar

Graduate Degree Completion Form

***IMPORTANT:** This form must be completed after applying for graduation and informing the Registrar's Office of your intent to graduate. Please complete step 1 below before you submit this form to the Registrar's Office.

Step 1: Submit the **Apply to Graduate** task in Workday

Step 2: Complete the form below only after step 1 has been completed

Student Information:

Student Name: _____ Student ID #: _____

(Please print)

Degree: _____ Major: _____ Today's Date _____

When are you completing your degree requirements: ____ May ____ August ____ December Year 20 ____

For Ph.D. Candidates Only

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

Please list all applicable courses being used for this degree.

Please include all courses already completed, those in progress and those proposed to complete the program. Transfer course, including those taken at WPI under the BS/MS program, should be clearly designated. Official transcripts being used for transfer credit (exception: WPI transcripts) must be submitted with this application. Attach any petitions granting waivers to requirements.

Course Number	Title	Semester	Credits	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Please list all applicable Independent Study, Directed Research, Thesis, or Dissertation Credits

Course Number	Advisor Name	Semester	Credits	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Credits: _____

Faculty Advisor for Ph.D. Dissertations only: The advisor(s) listed below will appear in the Commencement program as your PhD advisor(s).

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Required Examinations and Dates of Successful Completion:

This form must be approved by your department **before** it is submitted to the Registrar's Office. The Registrar's Office will **not accept this form** without the proper approvals below.

Student Signature: _____ **Date:** _____

Department Approval (REQUIRED)

Advisor Signature: _____ Date: _____

Head of Department/Program Signature: _____ Date: _____

Registrar's Office Use Only

Registrar Approval: _____ Date: _____

Please submit completed form to the Office of the Registrar, Unit Hall Room 435
registrar@wpi.edu (email) 508-831-5211 (tel) 508-831-5931 (fax)
100 Institute Road, Worcester MA 01609-2280
wpi.edu/+registrar

kg: 10/16/25