

WPI Graduate Student Application for Graduation

Office of the Registrar 100 Institute Road, Worcester, MA 01609 Ph: (508)-831-5211 Fax: (508)-831-5931

Name:							
Firs	rt	Initial	Last (Family)			
requirements. Grad	duate students must be	ed during the semester in w registered in the semester e, WPI, 100 Institute Road,	in which the degree	requirements are com	pleted.		
For October: Prior to July 1 For February			Prior to October 1 For May: Prior to February 1				
Part I: Please Pr	int:						
Student ID#:			Projected Graduation Date:				
Degree (select one):			Matriculation Date:				
Program (select one):			Other:				
Previous Degree	s: (list degree, college	e, city, state, country, date)				
proposed to comp clearly designated	olete program. Transfe d. Copies of transcript	ram, including courses all er courses, including those s being used for transfer of petition granting waivers	e taken at WPI und credit (exception: \textsquare	der the BS-MS progra	m, should be		
Course Number	Title		Semes	eter Credit Hours	Grade		
							
-	-						
							

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

Circle one:	DR 598	THES 599	PhD 699)		
	Advisor			Semester	Credit Hour	r Grade
Total Credits:		CQPA:				
Required Examir	nations and Date	s of Successful Co	mpletion:			
Faculty Advisor(for Ph.D. Dissert						
Please print you	r full name as i	t should appear o	n vour dir	lloma		
(indicate upper a	nd lower case, m	iddle names, Jr. o	r Sr., II, or	III – very important!)		
First Name		Middle	Name	Last (famil	ly) Name	
Applicant:				Recommendation:	Approval	Disapproval
Student (signature)		Date		Advisor (signature)		Date
Recommendation	n: Approval	Disapproval		Recommendation	: Approval	Disapproval
Head of Department/	Program (signature)	Date		Registrar (signa	ature)	Date