Worcester Polytechnic Institute Office of the Registrar

Graduate Student Application for Graduation

Name:								
First	f	Initi	al L	ast (Family)				
requirements. Grad	luate students must	leted during the semester be registered in the seme fice, WPI, 100 Institute F	ester in which t	the degree requ	irements are comp	oleted.		
For October: May 1st For Fo		For February:	February: September 1st		For May: November 1st			
Part I: Please Pr	int:							
Student ID#:			Projected Graduation Date:					
Degree (select one):			Matriculation Date:					
Program (select one):			Oth	er:				
Previous Degrees	s: (list degree, colle	ege, city, state, country,	, date)					
Course of Study:	Show graduate pr	ogram, including cours	es already cor	npleted, those	in progress, and	those		
proposed to comp clearly designated	lete program. Tran . Copies of transcr	nsfer courses, including ripts being used for tran ach petition granting wa	those taken at sfer credit (ex	WPI under the ception: WPI	e BS-MS prograi	n, should be		
Course Number	Title			Semester	Credit Hours	Grade		

508-831-5211 (tel) 508-831-5931 (fax)

Worcester Polytechnic Institute Office of the Registrar

Please Note: Regulations for preparation of theses and dissertations can be viewed at www.wpi.edu/Academics/Library/Pubs/.

Check one:	□DR 598	□THES 599 □Ph	nD 699			
	Advisor		Semester	Credit Hou	r Grade	
						
Total Credits: _		CQPA:				
Required Exami	nations and Date	es of Successful Completion	on:			
Faculty Advisor for Ph.D. Disser						
Dlagge print we	un full nama ag	it should annou an vouve	dinlama			
		it should appear on your middle names, Jr. or Sr., II				
First Name		Middle Name	Last (fam	Last (family) Name		
Applicant:			Recommendation:	Approval	Disapproval	
Student (signature)		Date	Advisor (signature)		Date	
Recommendation	n: Approval	Disapproval	Recommendatio	n: Approval	Disapprova	
	ead of Department/Program (signature) Date			Registrar (signature)		

508-831-5211 (tel) 508-831-5931 (fax)