## 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	Graduate Student Application	n for Graduation Form online		
	ne form below only after the o			
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Student Informati	on•	100	, 5 2	
	Student	: ID #·		
(Please print)		π		
Degree:	Major	When are you compl	eting vour dea	ree requirements?
	widjoi:	Spring	Summer	
		sp.ms		Year: 20
For Ph.D. Candida	ates Only			_
	us Degrees: (list degree, colle	ege, city, state, country, date	)	
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designated. Officia	course, including those taken I transcripts being used for tr application. Attach any petit	ansfer credit (exception: WP	I transcript	
Course Number	Title	Semester	Credits	Grade
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## Worcester Polytechnic Institute

Office of the Registrar

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

Course Number	Advisor Name	Semester	Credits	Grade
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Fotal Credita				
Total Credits:				
	r Ph.D. Dissertations only: The a			
Sommencement pr	rogram as your PhD advisor(s).			
kequired Examina	tions and Dates of Successful Co	mpletion:		
Registrar's Office w	pproved by your department <b>befor</b> ill not accept this form without the nt your unofficial transcript from E	proper approvals below	w. Your d	epartment may
tudent Signature:			Date: _	
Department Appro	val			
Advisor Signature:			Date	): 
Iead of Department	/Program Signature:			Date:
Registrar's Office	Use Only			
Registrar Approval:	· ·		Date:	