



The Graduate School
 Pullman, WA 99164-1030 P.O. Box 641030
 (509) 335-1337 – (509) 335-1949 fax
 E-Mail to grad.programs@wsu.edu

APPLICATION FOR MASTER'S DEGREE

ID # _____

DATE _____

Please type or print legibly and submit to the Graduate School prior to the deadline date.
 (Preferably the semester before graduation)

NAME _____ E-Mail _____
(Your name as you wish it to appear on your diploma-- last name must be the same as last name on WSU transcript)

CURRENT MAILING ADDRESS _____
(Street) (Apt.#)
 _____ TELEPHONE _____
(City) (State) (Zip Code)

HOMETOWN _____
(City) (State/Country) (As you wish it to appear on the Commencement Program)

DEGREES HELD:

(Degree) (Name and location of institution) (Date)

(Degree) (Name and location of institution) (Date)

FOR WHAT DEGREE ARE YOU NOW APPLYING?

Thesis Option

- M.A. _____
Major
- M.S. _____
Major
- M.Arch.
- M.F.A.
- M.H.P.A.
- M.Nurs.

Non-Thesis Option

- M.A. _____
Major
- M.S. _____
Major
- M.Acc.
- M.B.A.
- Ed.M. _____
(focus)
- M.Eng & Tech. Mgt.
- M.H.P.A
- M.I.T.
- M.Nurs.
- M.P.A.
- M.T.M.

CAMPUS: Pullman; Spokane; TriCities; Vancouver

WHEN DO YOU EXPECT TO RECEIVE THE DEGREE? December May August _____
(Year)

HAVE YOU PREVIOUSLY APPLIED FOR THIS DEGREE? Yes No

TITLE OF THESIS _____

LIST THESIS OR ADVISORY COMMITTEE _____
(Chair)
 (NO SIGNATURES NECESSARY) _____

Pay the graduation fee at the Cashier's Office or by phoning (509) 335-2018. The graduation fee must be paid before submitting this form. This is a one-time fee and carries over from semester to semester until completion.

IF YOU DO NOT GRADUATE THIS SEMESTER, YOU MUST submit a new *Application for Degree form*.