Seton Hall University

APPLICATION FOR GRADUATE DEGREE

EXPECTED DEGREE DATE:	FILE BY:
_____ August 20_____	June 15
_____ December 20_____	October 15
_____ January 20_____	December 15
_____ May 20 _____	February 15

STUDENT: COMPLETE UPPER SECTION ONLY AND SUBMIT TO REGISTRAR'S OFFICE, BAYLEY HALL

SID _____ Anticipated Degree _____ Telephone _____

Name _____ Major _____

Address _____

Street City State Zip

Your name will be printed on your diploma as it appears on the university database as of the date of program completion.
(File name change requests with the Office of the Registrar.)

Coded 2 _____

Sent _____ Ret _____

Coded 5 _____

Audit

Pr _____

Del _____

Chair: Please return this form to Registrar within 5 days of receipt.

I have reviewed the records of this student for the degree, major and date indicated and certify that:

_____ Student has completed degree requirements.

_____ Application is **not** approved for the following reason(s): _____

_____

_____

_____

_____ _____

Signature of chair/director Date