



EASTERN OREGON UNIVERSITY

APPLICATION FOR GRADUATE DEGREE

(Complete this form with your adviser)

Application to be filed in the Registrar's Office by the date posted on the [Registrar's Office web page](#).

Name _____ I.D.# _____

Current Address _____

Phone _____

City/State you wish to appear in graduation program _____

Intended Graduation Date: December _____ March _____ June _____ Summer _____

Date admitted to the program: _____ Degree: _____

MS, MAT, MBA, etc.

REQUIRED COURSES TO COMPLETE

List all remaining courses required to complete the Graduate Program.

Adviser's Signature _____ Date _____

Registrar's Office Signature _____ Date _____

School Dean's Signature _____ Date _____

***** DO NOT WRITE BELOW THIS LINE *****

CREDIT HOUR SUMMARY (to be completed by the Registrar's Office)

Total Required course hours listed above to be completed _____

Total credit hours earned as of _____

Total Credit hours to be used for this degree _____