



MASTER'S APPLICATION FOR GRADUATION

Student ID Number T	Date
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Name Enrolled Under (Last, First, Middle, Other)	Phone Number
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Student Signature

This form is used to order your diploma; you will purchase your cap and gown at the Bookstore. Please fill in the following information accurately and legibly.

<p align="center">PRINT YOUR NAME EXACTLY AS YOU WANT IT TO APPEAR ON YOUR DIPLOMA: (Upper and lower case letters please - no special characters)</p>
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In order to help ensure your name is pronounced correctly during graduation, please list a pronunciation for your name if it is typically mispronounced by a native English speaker. Please separate syllables with dashes and indicate a STRESSED syllable with ALL CAPITAL LETTERS. (Ex. Ravi Patel pronounced as RAH-vee pah-TELL)

NAME PRONUNCIATION: _____ Pronunciation Recorded:

Please check the term below that your degree requirements will be completed:

Spring Summer Fall Year: _____

Degree: _____ Major: _____

You can submit this application for graduation by:

Mail—
Arkansas Tech University
Office of the Registrar
1605 Coliseum Drive, Ste 153
Russellville, AR 72801-2222

Fax—
479-968-0683

Email—
graduation@atu.edu