

**FRANCIS MARION UNIVERSITY**  
**GRADUATE APPLICATION FOR DEGREE**  
 OFFICE OF THE REGISTRAR • PO Box 100547 • Florence, SC 29502

PLEASE NOTE: Deadline to apply for: May - March 1    August - June 10    December - October 1

ID Number \_\_\_\_\_ Today's Date \_\_\_\_\_

Name: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

COMPLETING DEGREE REQUIREMENTS:    May 20 \_\_\_\_\_    August 20 \_\_\_\_\_    December \_\_\_\_\_

<b>IMPORTANT: Name as you would like it to be printed on your diploma</b>		
First Name	Middle Name(s)	Last Name
Home Town: CITY/STATE: Please Print		

Local Mailing Address \_\_\_\_\_ Home Phone No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

**PLEASE NOTIFY THE REGISTRAR'S OFFICE OF ANY CHANGES  
IN THE ADDRESS AND/OR PHONE NUMBERS.**

**PLEASE CHECK THE DEGREE AND PROGRAM CODE:**

- Master of Business Administration:**
  - 1220 Business Administration       1222 Healthcare Executive Management
- Master of Education:**
  - 0802 Instructional Accommodation       0806 Learning Disabilities
- Master of Arts in Teaching:**
  - 0856 Learning Disabilities
- Master of Science:**
  - 2096 School Psychology       2098 Clinical Psychology       3050 Physician Assistant Studies
- Specialist in School Psychology:**
  - 2097 School Psychology
- Master of Science in Nursing:**
  - 3010 Family Nurse Practitioner       3015 Nurse Educator       Certificate in Nursing Education

Dean/Chair of Department

Initial \_\_\_\_\_

Initial \_\_\_\_\_

Initial \_\_\_\_\_

Initial \_\_\_\_\_

Initial \_\_\_\_\_

Initial \_\_\_\_\_

**MARK ONE ONLY**

A.  I WILL NOT ATTEND, MAIL diploma to: Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Sign to have diploma mailed \_\_\_\_\_ Date \_\_\_\_\_

B.  I WILL ATTEND COMMENCEMENT - Measure for Cap and Gown in the University Store. Candidates graduating in August will march in December.

Sign to attend commencement \_\_\_\_\_ Date \_\_\_\_\_