

Graduate Application for Graduation

Boston University College of Communication

Print your full name exactly as it should appear on your diploma.

Name: _____

BU ID #: _____ Email Address: _____

Phonetic spelling of name for announcement at graduation: _____

Please Circle: Thesis/Creative Project Comps If project, please indicate first reader: _____

Degree to be granted: (please circle) M.S. M.F.A. Major: _____

Expected graduation date: (please circle) January May September Year: _____

Local Address: _____

Good Until (date): _____ Phone: _____

Permanent Address: _____

_____ Phone: _____

No formal ceremony is held in January or September.

You are welcome to attend the May ceremony during the calendar year of your graduation.

Will you attend in May, _____? Yes No

**Master of Science and Master of Fine Arts candidates are responsible
for fulfilling and checking their degree requirements.**

Student Services does check requirements, approximately one month prior to your graduation date, and will contact you at the telephone number or e-mail address you have listed above if we discover any potential problems.

Therefore, it is important that you keep your address(es) updated via the Student Link at www.bu.edu/link, or by contacting Student Services.

Please contact your department with any questions concerning your degree requirements.

Contact Student Services immediately if you wish to change your graduation date.

Please be aware that all work, including theses, creative projects, comprehensive exams, internships, or transfer courses, must be completed before you can receive your degree.

I have read and understand the academic rules and policies concerning graduation requirements.

I understand that I am responsible for fulfilling all requirements to graduate.

Student Signature: _____ Date: _____

PLEASE TURN THIS FORM IN TO ROOM 123 ONE YEAR PRIOR TO YOUR GRADUATION DATE

white copy - room 123

yellow copy - student