

Boston University School of Education
Application for Graduation
 Graduation and Licensure Office
 Room 113 - Two Sherborn St., Boston, MA 02215
 (617) 353-3239

 (First Name) (Middle Name or Initial) (Last Name)

Anticipated Date of Graduation: Month: _____ Year: _____ Former Name: _____
 Degree/Certificate to be awarded: BS BUCOP MAT EdM MMT CAGS EdD

BU ID #: _____ SED Academic Program: _____ Advisor: _____

Local Address: _____ Local Phone: _____
 (street) (apt.) Cell Phone: _____
 Work Phone: _____
 Permanent Phone: _____
 (city) (state) (zip code)

Local Address is good until: _____ E-mail: _____
 Permanent Address: _____
 (street) (apt.)
 (city) (state) (zip code) (permanent e-mail)

List all courses in progress that are **IN EXCESS OF DEGREE/CERTIFICATE REQUIREMENTS** which you are requesting be released for a higher degree program.

	College	Course No.	Course Title	Year/Sem.	ADVISOR APPROVAL
1.					
2.					
3.					

TRANSFER CREDITS PENDING: Course/s #: _____ College: _____

DOCTORAL CANDIDATES ONLY
 Title of Dissertation: _____

 Date of Final Hearing: _____ Residency requirement met during: sem./year _____ and sem./year _____
 At time of residency, were you a Boston University
 Employee? Teaching fellow? Graduate assistant?
 List three research courses: 1) _____ 2) _____ 3) _____

GRADUATE STUDENTS—URGENT: If your acceptance letter to a graduate program stated a contingency which you have not met (e.g. transcript showing conferral of bachelor's degree), you *must* have the required official document sent immediately to the SED Records Office.
ALL STUDENTS: Attach a copy of your current class schedule and transcript printed from the link, with your name showing on the documents. All Incompletes must be resolved 2 months before graduation.

I understand I must go to www.bu.edu/studentlink and update/confirm diploma and graduation information.

APPLICANT'S SIGNATURE _____ DATE: _____