

WESTFIELD STATE UNIVERSITY  
College of Graduate and Continuing Education  
**Application for Graduation**  
**MASTER'S DEGREE**

INSTRUCTIONS:

1. This form is designed for those students who are completing their degree requirements and wish to have their degree conferred.
2. Please follow the instructions and complete all the questions. Most Important Diploma Name
3. Include payment of the \$75.00 graduation fee(no cash please). **This fee is required even if you do not plan on participating in any ceremonies.** Drop off at CGCE or mail to: Westfield State University  
Graduate Records  
577 Western Avenue  
Westfield, MA 01086
4. Follow the *recommended* timeframe for returning your application:  
January 30<sup>th</sup> .....December 15th of previous year  
May date.....**March 1<sup>st</sup>** (or your name *will not* appear in the commencement program)  
July 10<sup>th</sup>.....June 1st  
August 30<sup>th</sup>.....July 15<sup>th</sup>  
December 30<sup>th</sup>.....November 15<sup>th</sup>

**If you plan on attending the ceremony and require special accommodations, please contact Michelle Conrad 572-8024 or Jen Haskins 572-8023 as soon as possible so that the proper arrangements can be made.**

PLEASE PRINT OR TYPE: Student ID# : A\_\_\_\_\_

1. Name **EXACTLY** as you want it to appear on your diploma:

\_\_\_\_\_

|       |        |      |
|-------|--------|------|
| First | Middle | Last |
|-------|--------|------|

Name (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Degree: \_\_\_\_\_ Program: \_\_\_\_\_

3. When do you expect to receive your degree? Month: \_\_\_\_\_ Year: \_\_\_\_\_

4. List any courses still to be completed to fulfill your degree requirements:

\_\_\_\_\_

Once your records are reviewed for graduation eligibility, you will receive detailed information regarding the Commencement Ceremony. All graduating students are encouraged to attend.