

REQUEST to GRADUATE -- GRADUATE STUDIES IN EDUCATION -- Current Date _____

Last Name:	First & Middle:	Maiden:	Harding ID or SS#:
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I plan to graduate: MAY JULY DECEMBER Year _____

Degree*	Major:	Preferred Email Address:
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Print name as you want it on diploma:

Address to which diploma will be mailed:	Provide your current mailing address: (Include City, State, Zip)
If the address changes, please notify the Registrar.	Home Phone: _____ Cell Phone: _____ HU Box: _____ Hometown: _____

*For EDS, MED (other than Ed Leadership), MSE, and MS in Ed Technology: I plan to use a computer for comps I plan to handwrite my comps

List the courses you are currently enrolled in as well as any courses you need to take before you graduate:

Dept, Course # Credit Hrs Semester/Year Dept, Course # Credit Hrs Semester/Year

Office Use Only:
Date Received Form
Date Degree Posted
Date Diploma Mailed

*Degrees Offered: M.A.T., M.Ed., M.S.E., M.S., Ed.S., Ed.D.

*MED in Educational Leadership: Schedule your Portfolio Presentation with the Educational Leadership Office.

Send Form To:
Graduate Studies in Education
Box 12261
Searcy, AR 72149-2261
Fax: 501-279-4083

I understand that it is my responsibility to make certain all degree requirements for graduation have been met and that the degree will not be awarded until all requirements are complete and grades received even if I walk and am listed in the program.

Student Signature: _____ Date: _____