



**DEPARTMENT OF GRADUATE EDUCATION, LEADERSHIP & COUNSELING
APPLICATION FOR GRADUATION APPROVAL**

Name (*PRINT*) _____ Bronc ID#: _____

Phone No. _____ Email (*other than Rider*) _____

Address: _____

INDICATE COMPLETION DATE: J-Term _____ APRIL _____ MAY _____ SUMMER I _____ SUMMER II _____ DECEMBER _____ YEAR 20 _____

PROGRAM OF STUDY (Indicate Concentration if applicable): _____

INDICATE DEGREE OR CERTIFICATE YOU ARE RECEIVING: Doctor of Ed. Lead (ED.D) _____ Educational Specialist (ED.S) _____

Masters of Art (MA) _____ Masters of Art in Teaching (MAT) _____ Certificate _____

WILL YOU ALSO BE RECEIVING A CERTIFICATION(S) UPON COMPLETION OF YOUR PROGRAM? YES _____ NO _____;
IF YES, SPECIFY WHICH CERTIFICATION (S)

DO YOU CURRENTLY HAVE AN OUTSTANDING "S" grade? YES _____ NO _____ If Yes, list the course no. & semester taken

[Note: All "S" grades must be finalized by the end of the current semester or graduation will be delayed until the following semester or in the semester that the course is finalized]

DID YOU RECEIVE TRANSFER CREDITS? YES _____ NO _____ TOTAL NUMBER OF TRANSFER CREDITS _____

LIST THE REMAINING COURSES NEEDED TO COMPLETE YOUR PROGRAM:

<u>COURSE NO. & COURSE TITLE</u>	<u>SEM. & YEAR</u>
_____	_____
_____	_____

INDICATE YOUR UNDERGRADUATE MAJOR

_____ UNDERGRADUATE GPA _____

NAME OF COLLEGE/UNIVERSITY

STUDENT SIGNATURE	Date
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****IMPORTANT: IF YOU ARE GRADUATING FROM A DEGREE PROGRAM, BE SURE YOU HAVE ALSO COMPLETED THE DEGREE APPLICATION**

<p>For Office Use Only: (Rev: 1/18)</p> <p>Met All Program Requirements:</p> <p>_____ YES _____ NO</p>	<p>Program Director Approval:</p> <p>_____</p> <p>Department Chair Approval:</p> <p>_____</p>
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