

Application for Graduation Master's Student

College of Graduate Studies and Research

NEUID#	LastName	FirstName	
StreetAddress		City	State
TelephoneNumber(Home)		TelephoneNumber(Work)	
Program			
Graduation Term		College	
May _____ August _____ December _____		College of Arts and Sciences College of Business and Technology Daniel L. Goodwin College of Education	

Please indicate the year.

Please indicate how you would like your name to appear on your diploma.

Legal Name	Diploma Name	Other Name

*If you have declared a **Second** name, it may be used both in the commencement program and diploma. If you prefer to have your legal name appear instead, please contact [Peggy Rouse](#) at prouse@neiu.edu.

If your legal name changes or you declare a **Second** name after you apply for graduation, you must notify Graduate Records. If your address or telephone number changes, please update them in NEUport.

By signing this form, I acknowledge that I have read and agree to the information contained on all pages of this form.

Signature _____ Date _____

If you wish to retain a copy of this form, please make a copy for your records and return the form to Graduate Records.

Application for Graduate Student

Please carefully read the step by step directions and information regarding how to apply for graduate.

If you have any questions about the graduate process, please speak with the Registrar's Office.

