



**OFFICE OF THE REGISTRAR  
Graduate Program Application For Graduation (Degree Completion)**

This form must be submitted to the Office of the Registrar by the appropriate deadline (\*) in order for degree completion to occur.

**\*Due Dates: July 1** for May Graduation, **February 1** for August Graduation, **May 1** for December Graduation

*Late applications will be accepted for a limited time only – refer to Registrar webpage for deadlines.  
A late fee of \$50.00 (non-refundable) is required for late applications received once the graduating semester begins.*

Name: \_\_\_\_\_ GCU Student ID #000\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**GCU has three graduation (degree completion) terms and one Commencement ceremony held every May. This form pertains only to degree completion. Commencement information is available on the GCU website.**

**Do not confuse the graduation term with the Commencement ceremony held every May.**

Term you expect to **COMPLETE DEGREE REQUIREMENTS:** Apply for only **one** graduation term

\_\_\_\_\_ **May 20**\_\_\_\_\_ \_\_\_\_\_ **August 20**\_\_\_\_\_ \_\_\_\_\_ **December 20**\_\_\_\_\_

**Indicate your graduate degree:**

- |  |  |
|--|--|
| _____ M.A. Applied Behavior Analysis   | _____ M.S. Homeland Security   |
| _____ M.S. Biology<br>__thesis OR __review paper OR __course intensive   | _____ M.B.A. Business Administration<br>__general program OR __executive mba program |
| _____ M.A. Theology<br>__general track OR __research track OR __pastoral theology  | _____ M.A. Clinical Mental Health Counseling   |
| _____ M.A. Holistic Health Studies   | _____ M.A. School Psychology   |
| _____ M.A. Education: Autism Spectrum Disorders  | _____ M.A. Mathematics   |
| _____ M.A. Education: School Counselor   | _____ M.A. Ed: Learning Disabilities Teacher Consultant                              |
| _____ M.A. Education: Teacher Students w/ Disabilities   | _____ M.A. Education: ESL  |
| _____ M.A. Education: Reading Specialist   | _____ M.A. Education: Inclusive Education  |
| _____ M.A. Education: Education Teacher<br>choose <u>one</u> certification:<br>__dual P3   __dual P3 w/TSWD   __dual EI Ed K5 w/TSWD<br>__dual EI Ed K5 + 5-8 subject spec w/TSWD   __K12 sub Spec w/ TSWD | _____ M. A. Administration & Leadership  |
|  | _____ M. A. Education: Special Education   |

*Submission of graduation application does not constitute completion of graduation requirements.*

**The name on your diploma will appear as already reflected in our official records. If you wish to change your name you must submit a formal request with proper documentation to the Registrar’s Office by the due date.**

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date