

**Application for Master of Science Degree Update**

Name: (Print name as you want it to appear on diploma) \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ I.D. # \_\_\_\_\_

*If not enrolled for the 2<sup>nd</sup> Semester, please give address where Commencement information can be sent:*

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

DO YOU PLAN TO ATTEND THE CEREMONY?  Yes  No

Hometown to be listed on the Commencement Program: \_\_\_\_\_

MS Degree in: \_\_\_\_\_

Geoscience or Met/Min Proc Eng Option: \_\_\_\_\_

*The majority of the required credits must be in the major field. If you have declared and pursued a minor on your Student Program Form, please indicate below. A representative from the minor subject area must be a member of the student's Graduate Advisory Committee.*

Minor Area: \_\_\_\_\_ Minor Area Committee Member: \_\_\_\_\_

Catalog in effect for graduation requirements: \_\_\_\_\_

*Note: A student can choose to complete the degree requirements in the catalog under which the student was admitted or any subsequent catalog published while the student is enrolled. Student must complete those requirements within 6 years from the date of the chosen catalog.*

Which semester will requirements be completed?  Summer \_\_\_\_\_  Fall \_\_\_\_\_  Spring \_\_\_\_\_

Semester of original Application for Degree  Summer \_\_\_\_\_  Fall \_\_\_\_\_  Spring \_\_\_\_\_

*If all degree requirements are not completed by semester indicated above, an additional Application for Master of Science Degree Update must be submitted to the Graduate Office. See Catalog for enrollment requirements. To participate in the Commencement Ceremony, a successful defense or final oral examination must be completed no later than 8 days prior to Commencement.*

Defense Date: \_\_\_\_\_ If Defense has been completed, indicate last Term you enrolled:  
 Summer \_\_\_\_\_  Fall \_\_\_\_\_  Spring \_\_\_\_\_

Indicate Thesis Option:  Thesis  Publishable Paper  Non-Thesis

Graduate program courses taken since last degree application filed:

Course # (not CRN)	Course Title	Credits	Semester Taken

**Signatures for Approval**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Studies

<i>Graduate School Office Use Only</i>	
CC: Graduate File	Semester _____
Review Completed By: _____	Date: _____