



GRADUATE INFORMATION SHEET
FALL SEMESTER _____

Name: _____
 First Middle Last

Student ID # _____

Present Address:

Street City State ZC

Permanent Mailing Address After Graduation:

Street City State ZC

Phone : _____

Email Address: _____

Baccalaureate Degree: _____ Institution: _____ - _____

Hometown (for Commencement program only): _____

I hereby request the College of Fine Arts to admit me to candidacy for the degree in
in MA _____ MFA _____

I expect to complete the work for this degree by: _____

I will follow the department's thesis program non-thesis program.

PLEASE RETURN FORM TO GRADUATE SECRETARY – ART 161