

The Graduate School and University Center
of the City University of New York
365 Fifth Avenue, New York, NY 10016
Office of the Registrar

Application for En-Route Master's Degree **September** **February** **June** **20**

I. Certification (to be completed by student and signatures obtained): Mathematics

(Doctoral Program)

(Training Area)

1. Student's Name:

(Last)

(First)

(Initial)

(Banner ID)

2. Address:

(Number)

(Street)

(Apt. No.)

(City)

(State)

(Zip)

3. Contact Telephone Number:

4. Title of Paper/Project Submitted in lieu of Thesis (Please attach final approved paper/project with application):

Approved by (3 faculty signatures needed):

(Print Name)

(Signature)

(Print Name)

(Signature)

(Print Name)

(Signature)

5. Please indicate the name of the CUNY college from which the degree is required (City, Hunter, Lehman, Graduate School, etc.):

6.

(Signature of Executive Officer)

(Date)

II. Verification (to be completed by the Registrar of the Graduate Center):

1. Total number of credits completed:

(Minimum 45)

2. Grade point average:

(Minimum 3.0)

3. Date first Doctoral Examination passed:

4a. Student is registered for the current semester: **Yes** **No**

b. Student's financial account is cleared: **Yes** **No**

5a. Paper/Project is attached: **Yes** **No** **5b. Paper available in the student's file/Executive Office:** **Yes** **No**

6a. **I hereby recommend the above named student for the en-route Master's degree**

6b. **The above named student is ineligible**

7. Remarks:

8.

(Signature of Senior Registrar)

(Date)

III. Disposition (to be completed at the CUNY College granting the degree):

1. **Degree Granted**

Degree Not Granted

2. If degree granted

a. Degree Awarded (e.g., MA, MS, etc.):

b. Effective date of the degree (e.g., September 1, 2000):

3. Remarks:

4.

(Signature and Title)

(Date)