

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

I. Certification (to be completed by the Executive Officer):

1. Student's Name as it is to appear on diploma: _____

2. Address: _____

(Number)

(Street)

(Apt No.)

(City)

(State)

(Zip)

3. Telephone number: (____) _____ - _____
(area code)

4. Title of Paper/Project Submitted in lieu of Thesis: _____

Approved by: _____

5. Please indicate name of CUNY college from which the degree is requested: _____

6. Remarks: _____

7. ____ / ____ / ____
Date

Signature of Executive Officer

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

4b. Student's financial account is cleared: Yes No

5. Paper/Project is attached: 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. ____ / ____ / ____
Date

Signature of the Senior Registrar

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: _____

3. Remarks: _____

4. ____ / ____ / ____
Date

Signature and Title

Copy 1 – College Granting the Degree

Copy 2 – The Graduate Center

Copy 3 – Discipline