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

THE GRADUATE CENTER
CITY UNIVERSITY OF NEW YORK

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