WPI Graduate Student Application for Graduation

Office of the Registrar
100 Institute Road, Worcester, MA 01609
Ph: (508)-831-5211
Fax: (508)-831-5931

Name: ____
First *Initial* *Last (Family)*

The application process is to be completed during the semester in which the student anticipates completion of all degree requirements. Graduate students must be registered in the semester in which the degree requirements are completed. Return this form to the Registrar's Office, WPI, 100 Institute Road, Worcester, MA 01609 by the following deadlines:

For October: Prior to July 1 **For February: Prior to October 1** **For May: Prior to December 1**

Part I: Please Print:

Student ID#: ___________________________________ **Projected Graduation Date: _______________**

Degree (select one)**: _______________________________________** **Matriculation Date: ________________**

Program (select one)**: ________________________________** **Other: _________________________________**

Previous Degrees: (list degree, college, city, state, country, date)

Course of Study: Show graduate program, including courses already completed, those in progress, and those proposed to complete program. Transfer courses, including those taken at WPI under the BS-MS program, should be clearly designated. Copies of transcripts being used for transfer credit (exception: WPI transcripts) must be submitted with this application. Attach petition granting waivers to requirements.

Course Number	Title	Semester	Credit Hours	Grade

Please Note: Regulations for preparation of theses and dissertations can be viewed at www.wpi.edu/Academics/Library/Pubs/. These deadlines can be viewed at www.wpi.edu/Admin/Registrar/schedule.html.

Circle one: DR 598 THES 599 PhD 699

	Advisor	Semester	Credit Hour	Grade

Total Credits: _____ CQPA: _____

Required Examinations and Dates of Successful Completion:

Faculty Advisor(s)
for Ph.D. Dissertations:

Please print your full name as it should appear on your diploma.
(indicate upper and lower case, middle names, Jr. or Sr., II, or III – *very important!*)

_____
First Name Middle Name Last (family) Name

Applicant: Recommendation: Approval Disapproval

_____
Student (*signature*) Date Advisor (*signature*) Date

Recommendation: Approval Disapproval Recommendation: Approval Disapproval

_____
Head of Department/Program (*signature*) Date Registrar (*signature*) Date