Submit by Email | Print Form

Indiana University
School of Continuing Studies
Master of Science in Adult Education

APPLICATION FOR GRADUATION

Name: _____

10-Digit IU ID Number: _____

Name as you want it to appear on your diploma: _____

Permanent Address: _____

Home Phone: _____

Business Phone: _____

Anticipated Date of Graduation: _____

Where and how do you plan to earn the remaining credits needed for your degree?

	Courses	Campus	Hours
Fall Semester			
Spring Semester			
Summer I			
Summer II			
Incomplete Removals			
Transfer Credit*			

* If transfer courses are included in this plan the student must make arrangements with other universities to send an official transcript to the Department of Adult Education.

If your plans for completing your degree change in any way, you must notify the Department of Adult Education.

This form may be emailed to the department using the email button at the top of the page or it may be printed and faxed to 317-278-0895 or mailed to the Department of Adult Education, 620 Union Drive, Room 129D, Indianapolis, Indiana 46202-5167